

AWFCG - Fire Management Option Boundary or Management Level Change Approval Sheet

Land Manager/Owner(s)

The following land manager(s)/owner(s) have approved fire management option boundary or management level change(s) for the lands that they manage/own.

Agency Administrator or Land Manager/Owner Notification of interested parties completed: <u>n/a</u>	Date _____ YES _____ NO
<u>n/a</u> Agency Administrator or Land Manager/Owner	Date
<u>n/a</u> Agency Administrator or Land Manager/Owner	Date

Rationale for Change: *Kigigik Island should be changed from a Limited to a Modified Fire Management Option. The Steller's Eider Reintroduction Program (Endangered Species Office) will be using Kigigak Island for a pilot study on raising and releasing Steller's eider chicks this year. Given that this is a sensitive project in a critical stage, we would like to ensure that we do all we can to allow the project to move forward. The island has a huge graminoid component and a lot of the soil is probably compact mud, so fires may not be severe, but the Agency Administrator would like to protect as much of the area as possible and provide the maximum amount of information for the reintroduction effort. There will also be a crew of 6 or more people camped on the island from mid-May until probably August, so they would be at risk. This change only affects lands managed by the Refuge.*

The fire management option changes for Yukon Delta National Wildlife Refuge

are contained in shapefile format or are delineated on the 1:63,360 maps named:

Shapefile	and	Map(s)
<u>Kigigak_Island_01272016_modified.shp</u>		<u>Nunivak Island D-1*</u>
<u>Kigigak_Island_01272016_modified.shx</u>		<u>Baird Inlet D-8*</u>
<u>Kigigak_Island_01272016_modified.dbf</u>		<u>*pdf attached</u>
<u>Kigigak_Island_01272016_modified.prj</u>		_____

Individual who prepared either the shapefile or map products:

Name Kristi Bulock phone Number 907-260-2845 email kristi_bulock@fws.gov

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Area/Forest/Zone FMO

The submitted fire management option boundary or management level change(s) are operationally feasible. The required notifications have been completed, the required signatures are recorded below and the GIS shapefiles or map products are included with this approval sheet.

_____ Date _____

Transaction Number _____ Descriptive Name: _____

Notification of Interagency Management Option Database update with approved change(s):

By: _____ Date: _____

- Use additional sheets if necessary. Send completed Package to Chief, Division of Information Systems, Alaska Fire Service, P.O. 35005, Ft. Wainwright, AK 99703.