

## WETLAND DETERMINATION DATA FORM – Northcentral and Northeast Region

Project/Site: \_\_\_\_\_ City/County: \_\_\_\_\_ Sampling Date: \_\_\_\_\_  
Applicant/Owner: \_\_\_\_\_ State: \_\_\_\_\_ Sampling Point: \_\_\_\_\_  
Investigator(s): \_\_\_\_\_ Section, Township, Range: \_\_\_\_\_  
Landform (hillslope, terrace, etc.): \_\_\_\_\_ Local relief (concave, convex, none): \_\_\_\_\_  
Slope (%): \_\_\_\_\_ Lat: \_\_\_\_\_ Long: \_\_\_\_\_ Datum: \_\_\_\_\_  
Soil Map Unit Name: \_\_\_\_\_ NWI classification: \_\_\_\_\_

Are climatic / hydrologic conditions on the site typical for this time of year? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, explain in Remarks.)  
Are Vegetation \_\_\_\_\_, Soil \_\_\_\_\_, or Hydrology \_\_\_\_\_ significantly disturbed? Are "Normal Circumstances" present? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are Vegetation \_\_\_\_\_, Soil \_\_\_\_\_, or Hydrology \_\_\_\_\_ naturally problematic? (If needed, explain any answers in Remarks.)

### SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

|                                                                         |                                                                                                                |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Hydrophytic Vegetation Present? Yes _____ No _____                      | <b>Is the Sampled Area<br/>within a Wetland?</b> Yes _____ No _____<br>If yes, optional Wetland Site ID: _____ |
| Hydric Soil Present? Yes _____ No _____                                 |                                                                                                                |
| Wetland Hydrology Present? Yes _____ No _____                           |                                                                                                                |
| Remarks: (Explain alternative procedures here or in a separate report.) |                                                                                                                |

### HYDROLOGY

|                                                                                                            |                                                               |                                                       |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|
| <b>Wetland Hydrology Indicators:</b>                                                                       |                                                               | <u>Secondary Indicators (minimum of two required)</u> |
| <u>Primary Indicators (minimum of one is required; check all that apply)</u>                               |                                                               | ____ Surface Soil Cracks (B6)                         |
| ____ Surface Water (A1)                                                                                    | ____ Water-Stained Leaves (B9)                                | ____ Drainage Patterns (B10)                          |
| ____ High Water Table (A2)                                                                                 | ____ Aquatic Fauna (B13)                                      | ____ Moss Trim Lines (B16)                            |
| ____ Saturation (A3)                                                                                       | ____ Marl Deposits (B15)                                      | ____ Dry-Season Water Table (C2)                      |
| ____ Water Marks (B1)                                                                                      | ____ Hydrogen Sulfide Odor (C1)                               | ____ Crayfish Burrows (C8)                            |
| ____ Sediment Deposits (B2)                                                                                | ____ Oxidized Rhizospheres on Living Roots (C3)               | ____ Saturation Visible on Aerial Imagery (C9)        |
| ____ Drift Deposits (B3)                                                                                   | ____ Presence of Reduced Iron (C4)                            | ____ Stunted or Stressed Plants (D1)                  |
| ____ Algal Mat or Crust (B4)                                                                               | ____ Recent Iron Reduction in Tilled Soils (C6)               | ____ Geomorphic Position (D2)                         |
| ____ Iron Deposits (B5)                                                                                    | ____ Thin Muck Surface (C7)                                   | ____ Shallow Aquitard (D3)                            |
| ____ Inundation Visible on Aerial Imagery (B7)                                                             | ____ Other (Explain in Remarks)                               | ____ Microtopographic Relief (D4)                     |
| ____ Sparsely Vegetated Concave Surface (B8)                                                               |                                                               | ____ FAC-Neutral Test (D5)                            |
| <b>Field Observations:</b>                                                                                 |                                                               | <b>Wetland Hydrology Present?</b> Yes _____ No _____  |
| Surface Water Present? Yes _____ No _____ Depth (inches): _____                                            | Water Table Present? Yes _____ No _____ Depth (inches): _____ |                                                       |
| Saturation Present? Yes _____ No _____ Depth (inches): _____<br>(includes capillary fringe)                |                                                               |                                                       |
| Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available: |                                                               |                                                       |
| Remarks:                                                                                                   |                                                               |                                                       |

# **VEGETATION – Use scientific names of plants.**

Sampling Point: \_\_\_\_\_

| Tree Stratum (Plot size: _____ )                              | Absolute<br>% Cover | Dominant<br>Species? | Indicator<br>Status |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------|---------------------|----------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. _____                                                      |                     |                      |                     | <b>Dominance Test worksheet:</b><br>Number of Dominant Species That Are OBL, FACW, or FAC: _____ (A)<br><br>Total Number of Dominant Species Across All Strata: _____ (B)<br><br>Percent of Dominant Species That Are OBL, FACW, or FAC: _____ (A/B)                                                                                                                                                                                                                         |
| 2. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 5. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Total Cover: _____                                            |                     |                      |                     | <b>Prevalence Index worksheet:</b><br>_____ Total % Cover of: _____ Multiply by: _____<br>OBL species _____ x 1 = _____<br>FACW species _____ x 2 = _____<br>FAC species _____ x 3 = _____<br>FACU species _____ x 4 = _____<br>UPL species _____ x 5 = _____<br>Column Totals: _____ (A) _____ (B)<br><br>Prevalence Index = B/A = _____                                                                                                                                    |
| 50% of total cover: _____ 20% of total cover: _____           |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Sapling/Shrub Stratum (Plot size: _____ )                     |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 5. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Total Cover: _____                                            |                     |                      |                     | <b>Hydrophytic Vegetation Indicators:</b><br>_____ Rapid Test for Hydrophytic Vegetation<br>_____ Dominance Test is >50%<br>_____ Prevalence Index is ≤3.0 <sup>1</sup><br>_____ Morphological Adaptations <sup>1</sup> (Provide supporting data in Remarks or on a separate sheet)<br>_____ Problematic Hydrophytic Vegetation <sup>1</sup> (Explain)<br><br><sup>1</sup> Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic. |
| 50% of total cover: _____ 20% of total cover: _____           |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Herb Stratum (Plot size: _____ )                              |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 5. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 7. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 8. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 9. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 10. _____                                                     |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 11. _____                                                     |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Total Cover: _____                                            |                     |                      |                     | <b>Definitions of Vegetation Strata:</b><br><br><b>Tree</b> – Woody plants 3 in. (7.6 cm) or more in diameter at breast height (DBH), regardless of height.<br><br><b>Sapling/shrub</b> – Woody plants less than 3 in. DBH and greater than 3.28 ft (1 m) tall.<br><br><b>Herb</b> – All herbaceous (non-woody) plants, regardless of size, and woody plants less than 3.28 ft tall.<br><br><b>Woody vines</b> – All woody vines greater than 3.28 ft in height.             |
| 50% of total cover: _____ 20% of total cover: _____           |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Woody Vine Stratum (Plot size: _____ )                        |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4. _____                                                      |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Total Cover: _____                                            |                     |                      |                     | <b>Hydrophytic Vegetation Present?</b> Yes _____ No _____                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 50% of total cover: _____ 20% of total cover: _____           |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Remarks: (Include photo numbers here or on a separate sheet.) |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## SOIL

Sampling Point: \_\_\_\_\_

**Profile Description:** (Describe to the depth needed to document the indicator or confirm the absence of indicators.)

[illegible]

<sup>1</sup>Type: C=Concentration, D=Depletion, RM=Reduced Matrix, CS=Covered or Coated Sand Grains. <sup>2</sup>Location: PL=Pore Lining, M=Matrix.

**Hydric Soil Indicators:**

|                                                                       |                                                                            |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Histosol (A1)                                | <input type="checkbox"/> Polyvalue Below Surface (S8) ( <b>LRR R,</b>      |
| <input type="checkbox"/> Histic Epipedon (A2)                         | <b>MLRA 149B)</b>                                                          |
| <input type="checkbox"/> Black Histic (A3)                            | <input type="checkbox"/> Thin Dark Surface (S9) ( <b>LRR R, MLRA 149B)</b> |
| <input type="checkbox"/> Hydrogen Sulfide (A4)                        | <input type="checkbox"/> Loamy Mucky Mineral (F1) ( <b>LRR K, L)</b>       |
| <input type="checkbox"/> Stratified Layers (A5)                       | <input type="checkbox"/> Loamy Gleyed Matrix (F2)                          |
| <input type="checkbox"/> Depleted Below Dark Surface (A11)            | <input type="checkbox"/> Depleted Matrix (F3)                              |
| <input type="checkbox"/> Thick Dark Surface (A12)                     | <input type="checkbox"/> Redox Dark Surface (F6)                           |
| <input type="checkbox"/> Sandy Mucky Mineral (S1)                     | <input type="checkbox"/> Depleted Dark Surface (F7)                        |
| <input type="checkbox"/> Sandy Gleyed Matrix (S4)                     | <input type="checkbox"/> Redox Depressions (F8)                            |
| <input type="checkbox"/> Sandy Redox (S5)                             |                                                                            |
| <input type="checkbox"/> Stripped Matrix (S6)                         |                                                                            |
| <input type="checkbox"/> Dark Surface (S7) ( <b>LRR R, MLRA 149B)</b> |                                                                            |

### Indicators for Problematic Hydric Soils<sup>3</sup>:

☐ 2 cm Muck (A10) (**LRR K, L, MLRA 149B**)  
☐ Coast Prairie Redox (A16) (**LRR K, L, R**)  
☐ 5 cm Mucky Peat or Peat (S3) (**LRR K, L, R**)  
☐ Dark Surface (S7) (**LRR K, L**)  
☐ Polyvalue Below Surface (S8) (**LRR K, L**)  
☐ Thin Dark Surface (S9) (**LRR K, L**)  
☐ Iron-Manganese Masses (F12) (**LRR K, L, R**)  
☐ Piedmont Floodplain Soils (F19) (**MLRA 149B**)  
☐ Mesic Spodic (TA6) (**MLRA 144A, 145, 149B**)  
☐ Red Parent Material (F21)  
☐ Very Shallow Dark Surface (TF12)  
☐ Other (Explain in Remarks)

<sup>3</sup>Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.

## Restrictive Layer (if observed):

Type: \_\_\_\_\_

Depth (inches):

Hydric Soil Present? Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks: