

## WETLAND DETERMINATION DATA FORM - Northcentral and Northeast Region

Project/Site: Sandpiper City/County: Cass Sampling Date: 08/29/2014  
 Applicant/Owner: Enbridge State: MN Sampling Point: CA147\_530d1U  
 Investigator(s): ZCW Section, Township, Range: \_\_\_\_\_  
 Landform (hillslope, terrace, etc.): Rise Local relief (concave, convex, none): Convex/Linear  
 Slope (%): 1 Lat.: \_\_\_\_\_ Long.: \_\_\_\_\_ Datum: \_\_\_\_\_  
 Soil Map Unit Name: \_\_\_\_\_ NWI Classification: \_\_\_\_\_  
 Are climatic/hydrologic conditions of the site typical for this time of the year? Yes (If no, explain in remarks)  
 Are vegetation \_\_\_\_\_, soil \_\_\_\_\_, or hydrology \_\_\_\_\_ significantly disturbed? Are "normal  
 Are vegetation \_\_\_\_\_, soil \_\_\_\_\_, or hydrology \_\_\_\_\_ naturally problematic? circumstances" present? Yes  
 (If needed, explain any answers in remarks)

### SUMMARY OF FINDINGS

|                                                                                                                                |                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Hydrophytic vegetation present? <u>N</u><br>Hydric soil present? <u>N</u><br>Indicators of wetland hydrology present? <u>N</u> | <b>Is the sampled area within a wetland?</b> <u>N</u><br><br>If yes, optional wetland site ID: _____ |
| Remarks: (Explain alternative procedures here or in a separate report.)                                                        |                                                                                                      |

### HYDROLOGY

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