

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

### HYDROLOGY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Wetland Hydrology Indicators:</b><br><u>Primary Indicators (minimum of one is required; check all that apply)</u><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 Roots (C3)<br><input type="checkbox"/> Drift Deposits (B3) <input type="checkbox"/> Presence of Reduced Iron (C4)<br><input type="checkbox"/> Algal Mat or Crust (B4) <input type="checkbox"/> Recent Iron Reduction in Tilled Soils (C6)<br><input type="checkbox"/> Iron Deposits (B5) <input type="checkbox"/> Thin Muck Surface (C7)<br><input type="checkbox"/> Inundation Visible on Aerial Imagery (B7) <input type="checkbox"/> Other (Explain in Remarks)<br><input type="checkbox"/> Sparsely Vegetated Concave Surface (B8) | <u>Secondary Indicators (minimum of two required)</u><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 (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"/> Microtopographic Relief (D4)<br><input type="checkbox"/> FAC-Neutral Test (D5) |
| <b>Field Observations:</b><br>Surface Water Present? Yes _____ No _____ Depth (inches): _____<br>Water Table Present? Yes _____ No _____ Depth (inches): _____<br>Saturation Present? Yes _____ No _____ Depth (inches): _____<br>(includes capillary fringe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Wetland Hydrology Present?</b> Yes _____ No _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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: _____ |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Sapling/Shrub Stratum</b> (Plot size: _____ )    |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Total Cover: _____                                  |                     |                      |                     | <b>Hydrophytic Vegetation Indicators:</b><br><input type="checkbox"/> Rapid Test for Hydrophytic Vegetation<br><input type="checkbox"/> Dominance Test is >50%<br><input type="checkbox"/> Prevalence Index is ≤3.0 <sup>1</sup><br><input type="checkbox"/> Morphological Adaptations <sup>1</sup> (Provide supporting data in Remarks or on a separate sheet)<br><input type="checkbox"/> 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: _____ |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Herb Stratum</b> (Plot size: _____ )             |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1. _____                                            | _____               | _____                | _____               | <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.                                                                                                            |
| 2. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 7. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 8. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 9. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 10. _____                                           | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 11. _____                                           | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Total Cover: _____                                  |                     |                      |                     | <b>Hydrophytic Vegetation Present?</b> Yes _____ No _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 50% of total cover: _____ 20% of total cover: _____ |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Woody Vine Stratum</b> (Plot size: _____ )       |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4. _____                                            | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Total Cover: _____                                  |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 50% of total cover: _____ 20% of total cover: _____ |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

Remarks: (Include photo numbers here or on a separate sheet.)

