

**WETLAND DETERMINATION DATA FORM - Northcentral and Northeast Region**

**Project/Site:** RSA 22 **City/County:** St. Louis **Sampling Date:** 13-Sep-17  
**Applicant/Owner:** Enbridge **State:** MN **Sampling Point:** w-50n20w1-a2  
**Investigator(s):** SMR **Section, Township, Range:** S. 1 T. 50N R. 20W  
**Landform (hillslope, terrace, etc.):** Lowland **Local relief (concave, convex, none):** concave **Slope:** 0.0 % / 0.0 °  
**Subregion (LRR or MLRA):** LRR K **Lat.:** 46 50.8195 **Long.:** -92 49.4877 **Datum:** NAD 83  
**Soil Map Unit Name:** B127B **NWI classification:** N/A

**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**

<b>Hydrophytic Vegetation Present?</b> Yes <input checked="" type="radio"/> No <input type="radio"/> <b>Hydric Soil Present?</b> Yes <input checked="" type="radio"/> No <input type="radio"/> <b>Wetland Hydrology Present?</b> Yes <input checked="" type="radio"/> No <input type="radio"/>	<b>Is the Sampled Area within a Wetland?</b> Yes <input checked="" type="radio"/> No <input type="radio"/>
<b>Remarks: (Explain alternative procedures here or in a separate report.)</b>    	

**Hydrology**

<b>Wetland Hydrology Indicators:</b> <u>Primary Indicators (minimum of one required; check all that apply)</u> <input type="checkbox"/> Surface Water (A1) <input type="checkbox"/> Water-Stained Leaves (B9) <input type="checkbox"/> High Water Table (A2) <input type="checkbox"/> Aquatic Fauna (B13) <input type="checkbox"/> Saturation (A3) <input type="checkbox"/> Marl Deposits (B15) <input type="checkbox"/> Water Marks (B1) <input type="checkbox"/> Hydrogen Sulfide Odor (C1) <input type="checkbox"/> Sediment Deposits (B2) <input type="checkbox"/> Oxidized Rhizospheres along Living Roots (C3) <input type="checkbox"/> Drift deposits (B3) <input type="checkbox"/> Presence of Reduced Iron (C4) <input type="checkbox"/> Algal Mat or Crust (B4) <input type="checkbox"/> Recent Iron Reduction in Tilled Soils (C6) <input type="checkbox"/> Iron Deposits (B5) <input type="checkbox"/> Thin Muck Surface (C7) <input type="checkbox"/> Inundation Visible on Aerial Imagery (B7) <input type="checkbox"/> Other (Explain in Remarks) <input type="checkbox"/> Sparsely Vegetated Concave Surface (B8)	<u>Secondary Indicators (minimum of 2 required)</u> <input type="checkbox"/> Surface Soil Cracks (B6) <input type="checkbox"/> Drainage Patterns (B10) <input type="checkbox"/> Moss Trim Lines (B16) <input type="checkbox"/> Dry Season Water Table (C2) <input type="checkbox"/> Crayfish Burrows (C8) <input type="checkbox"/> Saturation Visible on Aerial Imagery (C9) <input type="checkbox"/> Stunted or Stressed Plants (D1) <input checked="" type="checkbox"/> Geomorphic Position (D2) <input type="checkbox"/> Shallow Aquitard (D3) <input type="checkbox"/> Microtopographic Relief (D4) <input checked="" type="checkbox"/> FAC-neutral Test (D5)
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<b>Field Observations:</b> Surface Water Present? Yes <input type="radio"/> No <input checked="" type="radio"/> Depth (inches): <u>0</u> Water Table Present? Yes <input type="radio"/> No <input checked="" type="radio"/> Depth (inches): <u>0</u> Saturation Present? (includes capillary fringe) Yes <input type="radio"/> No <input checked="" type="radio"/> Depth (inches): <u>0</u>	<b>Wetland Hydrology Present?</b> Yes <input checked="" type="radio"/> No <input type="radio"/>
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Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:

Remarks:

**VEGETATION - Use scientific names of plants**

Sampling Point: w-50n20w1-a2

Tree Stratum (Plot size: <u>30</u> )	Absolute % Cover	Dominant Species?	Indicator Status	
1. _____	0	<input type="checkbox"/>	_____	
2. _____	0	<input type="checkbox"/>	_____	
3. _____	0	<input type="checkbox"/>	_____	
4. _____	0	<input type="checkbox"/>	_____	
5. _____	0	<input type="checkbox"/>	_____	
6. _____	0	<input type="checkbox"/>	_____	
7. _____	0	<input type="checkbox"/>	_____	
<b>= Total Cover</b>				
				<b>Dominance Test worksheet:</b>
				Number of Dominant Species That are OBL, FACW, or FAC: <u>4</u> (A)
				Total Number of Dominant Species Across All Strata: <u>4</u> (B)
				Percent of dominant Species That Are OBL, FACW, or FAC: <u>100.0%</u> (A/B)
				<b>Prevalence Index worksheet:</b>
				Total % Cover of: _____ Multiply by: _____
				OBL species <u>90</u> x 1 = <u>90</u>
				FACW species <u>80</u> x 2 = <u>160</u>
				FAC species <u>0</u> x 3 = <u>0</u>
				FACU species <u>10</u> x 4 = <u>40</u>
				UPL species <u>0</u> x 5 = <u>0</u>
				Column Totals: <u>180</u> (A) <u>290</u> (B)
				Prevalence Index = B/A = <u>1.611</u>
				<b>Hydrophytic Vegetation Indicators:</b>
				<input checked="" type="checkbox"/> <b>Rapid Test for Hydrophytic Vegetation</b>
				<input checked="" type="checkbox"/> <b>Dominance Test is &gt; 50%</b>
				<input checked="" type="checkbox"/> <b>Prevalence Index is ≤3.0<sup>1</sup></b>
				<input type="checkbox"/> <b>Morphological Adaptations<sup>1</sup> (Provide supporting data in Remarks or on a separate sheet)</b>
				<input type="checkbox"/> <b>Problematic Hydrophytic Vegetation<sup>1</sup> (Explain)</b>
				<sup>1</sup> Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.
				<b>Definitions of Vegetation Strata:</b>
				Tree - Woody plants, 3 in. (7.6 cm) or more in diameter at breast height (DBH), regardless of height.
				Sapling/shrub - Woody plants less than 3 in. DBH and greater than 3.28 ft (1m) tall..
				Herb - All herbaceous (non-woody) plants, regardless of size, and woody plants less than 3.28 ft tall.
				Woody vine - All woody vines greater than 3.28 ft in height.
				<b>Hydrophytic Vegetation Present?</b> Yes <input checked="" type="radio"/> No <input type="radio"/>
<b>Remarks: (Include photo numbers here or on a separate sheet.)</b>				

\*Indicator suffix = National status or professional decision assigned because Regional status not defined by FWS.

