

U.S. Army Corps of Engineers WETLAND DETERMINATION DATA SHEET – Alaska Region See ERDC/EL TR-07-24; the proponent agency is CECW-COR	OMB Control #: 0710-0024, Exp: 04/30/2024 Requirement Control Symbol EXEMPT: (Authority: AR 335-15, paragraph 5-2a)
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Project/Site: _____ Borough/City: _____ Sampling Date: _____

Applicant/Owner: _____ Sampling Point: _____

Investigator(s): _____ Landform (hillside, terrace, hummocks, etc.): _____

Local relief (concave, convex, none): _____ Slope (%): _____

Subregion: _____ 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 _____	Is the Sampled Area within a Wetland? Yes _____ No _____
Hydric Soil Present? Yes _____ No _____	
Wetland Hydrology Present? Yes _____ No _____	
Remarks: _____	

VEGETATION – Use scientific names of plants.

<u>Tree Stratum</u> 1. _____ 2. _____ 3. _____ 4. _____ _____ = Total Cover 50% of total cover: _____ 20% of total cover: _____	Dominance Test worksheet: Number of Dominant Species That Are OBL, FACW, or FAC: _____ (A) Total Number of Dominant Species Across All Strata: _____ (B) Percent of Dominant Species That Are OBL, FACW, or FAC: _____ (A/B)
<u>Sapling/Shrub Stratum</u> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ _____ = Total Cover 50% of total cover: _____ 20% of total cover: _____	
<u>Herb Stratum</u> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ _____ = Total Cover 50% of total cover: _____ 20% of total cover: _____ Plot Size (radius, or length x width) _____ % Bare Ground _____ % Cover of Wetland Bryophytes _____ Total Cover of Bryophytes _____ (Where applicable)	
Remarks: _____	

Prevalence Index worksheet:

Total % Cover of:	Multiply by:
OBL species _____	x 1 = _____
FACW species _____	x 2 = _____
FAC species _____	x 3 = _____
FACU species _____	x 4 = _____
UPL species _____	x 5 = _____
Column Totals: _____ (A)	_____ (B)
Prevalence Index = B/A = _____	

Hydrophytic Vegetation Indicators:

_____ Dominance Test is >50%

_____ Prevalence Index is ≤3.0¹

_____ Morphological Adaptations¹ (Provide supporting data in Remarks or on a separate sheet)

_____ Problematic Hydrophytic Vegetation¹ (Explain)

¹Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.

Hydrophytic Vegetation Present? Yes _____ No _____

SOIL

Sampling Point: _____

Profile Description: (Describe to the depth needed to document the indicator or confirm the absence of indicators.)								
Depth (inches)	Matrix		Redox Features				Texture	Remarks
	Color (moist)	%	Color (moist)	%	Type ¹	Loc ²		

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

Hydric Soil Indicators: <input type="checkbox"/> Histosol or Histel (A1) <input type="checkbox"/> Histic Epipedon (A2) <input type="checkbox"/> Black Histic (A3) <input type="checkbox"/> Hydrogen Sulfide (A4) <input type="checkbox"/> Thick Dark Surface (A12) <input type="checkbox"/> Alaska Gleyed (A13) <input type="checkbox"/> Alaska Redox (A14) <input type="checkbox"/> Alaska Gleyed Pores (A15)	Indicators for Problematic Hydric Soils³: <input type="checkbox"/> Depleted Below Dark Surface (A11) <input type="checkbox"/> Depleted Matrix (F3) <input type="checkbox"/> Redox Dark Surface (F6) <input type="checkbox"/> Depleted Dark Surface (F7) <input type="checkbox"/> Redox Depressions (F8) <input type="checkbox"/> Red Parent Material (F21) <input type="checkbox"/> Very Shallow Dark Surface (F22)	<input type="checkbox"/> Alaska Color Change (TA4) ⁴ <input type="checkbox"/> Alaska Alpine Swales (TA5) <input type="checkbox"/> Alaska Redox With 2.5Y Hue <input type="checkbox"/> Alaska Gleyed Without Hue 5Y or Redder Underlying Layer <input type="checkbox"/> Other (Explain in Remarks)
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³One indicator of hydrophytic vegetation, one primary indicator of wetland hydrology, and an appropriate landscape position must be present unless disturbed or problematic.
⁴Give details of color change in Remarks.

Restrictive Layer (if observed): Type: _____ Depth (inches): _____	Hydric Soil Present? Yes _____ No _____
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Remarks:

HYDROLOGY

Wetland Hydrology Indicators: <u>Primary Indicators (any one indicator is sufficient)</u> <input type="checkbox"/> Surface Water (A1) <input type="checkbox"/> High Water Table (A2) <input type="checkbox"/> Saturation (A3) <input type="checkbox"/> Water Marks (B1) <input type="checkbox"/> Sediment Deposits (B2) <input type="checkbox"/> Drift Deposits (B3) <input type="checkbox"/> Algal Mat or Crust (B4) <input type="checkbox"/> Iron Deposits (B5) <input type="checkbox"/> Surface Soil Cracks (B6)	<u>Secondary Indicators (2 or more required)</u> <input type="checkbox"/> Water-Stained Leaves (B9) <input type="checkbox"/> Drainage Patterns (B10) <input type="checkbox"/> Oxidized Rhizospheres along Living Roots (C3) <input type="checkbox"/> Presence of Reduced Iron (C4) <input type="checkbox"/> Salt Deposits (C5) <input type="checkbox"/> Stunted or Stressed Plants (D1) <input type="checkbox"/> Geomorphic Position (D2) <input type="checkbox"/> Shallow Aquitard (D3) <input type="checkbox"/> Microtopographic Relief (D4) <input type="checkbox"/> FAC-Neutral Test (D5)
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Field Observations: Surface Water Present? Yes _____ No _____ Depth (inches): _____ Water Table Present? Yes _____ No _____ Depth (inches): _____ Saturation Present? Yes _____ No _____ Depth (inches): _____ (includes capillary fringe)	Wetland Hydrology Present? Yes _____ No _____
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Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:

Remarks:

VEGETATION Continued – Use scientific names of plants.

Sampling Point: _____

Tree Stratum	Absolute % Cover	Dominant Species?	Indicator Status	Definitions of Vegetation Strata:
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
11. _____	_____	_____	_____	
12. _____	_____	_____	_____	
_____ = Total Cover				
50% of total cover: _____			20% of total cover: _____	
<u>Sapling/Shrub Stratum</u>				
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
11. _____	_____	_____	_____	
12. _____	_____	_____	_____	
13. _____	_____	_____	_____	
14. _____	_____	_____	_____	
_____ = Total Cover				
50% of total cover: _____			20% of total cover: _____	
<u>Herb Stratum</u>				
11. _____	_____	_____	_____	
12. _____	_____	_____	_____	
13. _____	_____	_____	_____	
14. _____	_____	_____	_____	
15. _____	_____	_____	_____	
16. _____	_____	_____	_____	
17. _____	_____	_____	_____	
18. _____	_____	_____	_____	
19. _____	_____	_____	_____	
20. _____	_____	_____	_____	
21. _____	_____	_____	_____	
22. _____	_____	_____	_____	
_____ = Total Cover				
50% of total cover: _____			20% of total cover: _____	

Remarks:

AGENCY DISCLOSURE NOTIFICATION

The public reporting burden for this collection of information, OMB Control Number 0710-0024, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR REQUEST TO THE ABOVE EMAIL.**

PRIVACY ACT STATEMENT

Authorities: Rivers and Harbors Act, Section 10, 33 USC 403; Clean Water Act, Section 404, 33 USC 1344; Marine Protection, Research, and Sanctuaries Act, Section 103, 33 USC 1413; Regulatory Programs of the Corps of Engineers; Final Rule 33 CFR 320-332. Principal Purpose: Information provided on this form will be used in evaluating the application for a permit. Routine Uses: This information may be shared with the Department of Justice and other federal, state, and local government agencies, and the public and may be made available as part of a public notice as required by Federal law. Submission of requested information is voluntary, however, if information is not provided the permit application cannot be evaluated nor can a permit be issued. One set of original drawings or good reproducible copies which show the location and character of the proposed activity must be attached to this application (see sample drawings and/or instructions) and be submitted to the District Engineer having jurisdiction over the location of the proposed activity. An application that is not completed in full will be returned. System of Record Notice (SORN). The information received is entered into our permit tracking database and a SORN has been completed (SORN #A1145b) and may be accessed at the following website: <http://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570115/a1145b-ce.aspx>