

## WETLAND DETERMINATION DATA FORM - Arid West 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 (%): \_\_\_\_\_  
 Subregion (LRR): \_\_\_\_\_ 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 <input checked="" type="radio"/> No <input checked="" type="radio"/> Hydric Soil Present? Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Wetland Hydrology Present? Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>	<b>Is the Sampled Area within a Wetland?</b> Yes <input type="radio"/> No <input type="radio"/>
Remarks: _____	

### VEGETATION

Tree Stratum (Use scientific names.)	Absolute % Cover	Dominant Species?	Indicator Status																	
1. _____				<b>Dominance Test worksheet:</b> 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)																
2. _____																				
3. _____																				
4. _____																				
Total Cover: _____ %				<b>Prevalence Index worksheet:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Total % Cover of:</td> <td style="width: 50%;">Multiply by:</td> </tr> <tr> <td>OBL species _____</td> <td>x 1 = _____</td> </tr> <tr> <td>FACW species _____</td> <td>x 2 = _____</td> </tr> <tr> <td>FAC species _____</td> <td>x 3 = _____</td> </tr> <tr> <td>FACU species _____</td> <td>x 4 = _____</td> </tr> <tr> <td>UPL species _____</td> <td>x 5 = _____</td> </tr> <tr> <td>Column Totals: _____</td> <td>(A) _____ (B) _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Prevalence Index = B/A = _____</td> </tr> </table>	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 = _____	
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 = _____																				
<b>Sapling/Shrub Stratum</b>																				
1. _____																				
2. _____																				
3. _____																				
4. _____																				
5. _____																				
Total Cover: _____ %																				
<b>Herb Stratum</b>																				
1. _____																				
2. _____																				
3. _____																				
4. _____																				
5. _____																				
6. _____																				
7. _____																				
8. _____																				
Total Cover: _____ %																				
<b>Woody Vine Stratum</b>																				
1. _____																				
2. _____																				
Total Cover: _____ %																				
% Bare Ground in Herb Stratum _____ %		% Cover of Biotic Crust _____ %		<b>Hydrophytic Vegetation Indicators:</b> <input checked="" type="checkbox"/> Dominance Test is >50% <input checked="" type="checkbox"/> Prevalence Index is ≤3.0 <sup>1</sup> <input type="checkbox"/> Morphological Adaptations <sup>1</sup> (Provide supporting data in Remarks or on a separate sheet) <input type="checkbox"/> Problematic Hydrophytic Vegetation <sup>1</sup> (Explain)  <sup>1</sup> Indicators of hydric soil and wetland hydrology must be present.																
<b>Hydrophytic Vegetation Present?</b> Yes <input type="radio"/> No <input type="radio"/>																				

Remarks: \_\_\_\_\_

**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 <sup>3</sup>	Remarks
	Color (moist)	%	Color (moist)	%	Type <sup>1</sup>	Loc <sup>2</sup>		

<sup>1</sup>Type: C=Concentration, D=Depletion, RM=Reduced Matrix.    <sup>2</sup>Location: PL=Pore Lining, RC=Root Channel, M=Matrix.  
<sup>3</sup>Soil Textures: Clay, Silty Clay, Sandy Clay, Loam, Sandy Clay Loam, Sandy Loam, Clay Loam, Silty Clay Loam, Silt Loam, Silt, Loamy Sand, Sand.

<p><b>Hydic Soil Indicators: (Applicable to all LRRs, unless otherwise noted.)</b></p> <input type="checkbox"/> Histosol (A1) <input type="checkbox"/> Histic Epipedon (A2) <input type="checkbox"/> Black Histic (A3) <input type="checkbox"/> Hydrogen Sulfide (A4) <input type="checkbox"/> Stratified Layers (A5) ( <b>LRR C</b> ) <input type="checkbox"/> 1 cm Muck (A9) ( <b>LRR D</b> ) <input type="checkbox"/> Depleted Below Dark Surface (A11) <input type="checkbox"/> Thick Dark Surface (A12) <input type="checkbox"/> Sandy Mucky Mineral (S1) <input type="checkbox"/> Sandy Gleyed Matrix (S4)	<input type="checkbox"/> Sandy Redox (S5) <input type="checkbox"/> Stripped Matrix (S6) <input type="checkbox"/> Loamy Mucky Mineral (F1) <input type="checkbox"/> Loamy Gleyed Matrix (F2) <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"/> Vernal Pools (F9)	<p><b>Indicators for Problematic Hydic Soils:<sup>4</sup></b></p> <input type="checkbox"/> 1 cm Muck (A9) ( <b>LRR C</b> ) <input type="checkbox"/> 2 cm Muck (A10) ( <b>LRR B</b> ) <input type="checkbox"/> Reduced Vertic (F18) <input type="checkbox"/> Red Parent Material (TF2) <input type="checkbox"/> Other (Explain in Remarks)
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<sup>4</sup>Indicators of hydrophytic vegetation and wetland hydrology must be present.

<p><b>Restrictive Layer (if present):</b></p> Type: _____ Depth (inches): _____ Remarks: _____	<p><b>Hydic Soil Present?</b>    Yes <input type="radio"/>    No <input type="radio"/></p>
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**HYDROLOGY**

<p><b>Wetland Hydrology Indicators:</b></p> <p>Primary Indicators (any one indicator is sufficient)</p> <input type="checkbox"/> Surface Water (A1) <input type="checkbox"/> High Water Table (A2) <input type="checkbox"/> Saturation (A3) <input type="checkbox"/> Water Marks (B1) ( <b>Nonriverine</b> ) <input type="checkbox"/> Sediment Deposits (B2) ( <b>Nonriverine</b> ) <input type="checkbox"/> Drift Deposits (B3) ( <b>Nonriverine</b> ) <input type="checkbox"/> Surface Soil Cracks (B6) <input type="checkbox"/> Inundation Visible on Aerial Imagery (B7) <input type="checkbox"/> Water-Stained Leaves (B9)	<input type="checkbox"/> Salt Crust (B11) <input type="checkbox"/> Biotic Crust (B12) <input type="checkbox"/> Aquatic Invertebrates (B13) <input type="checkbox"/> Hydrogen Sulfide Odor (C1) <input type="checkbox"/> Oxidized Rhizospheres along Living Roots (C3) <input type="checkbox"/> Presence of Reduced Iron (C4) <input type="checkbox"/> Recent Iron Reduction in Plowed Soils (C6) <input type="checkbox"/> Other (Explain in Remarks)	<p><u>Secondary Indicators (2 or more required)</u></p> <input type="checkbox"/> Water Marks (B1) ( <b>Riverine</b> ) <input type="checkbox"/> Sediment Deposits (B2) ( <b>Riverine</b> ) <input type="checkbox"/> Drift Deposits (B3) ( <b>Riverine</b> ) <input type="checkbox"/> Drainage Patterns (B10) <input type="checkbox"/> Dry-Season Water Table (C2) <input type="checkbox"/> Thin Muck Surface (C7) <input type="checkbox"/> Crayfish Burrows (C8) <input type="checkbox"/> Saturation Visible on Aerial Imagery (C9) <input type="checkbox"/> Shallow Aquitard (D3) <input type="checkbox"/> FAC-Neutral Test (D5)
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<p><b>Field Observations:</b></p> Surface Water Present?    Yes <input type="radio"/> No <input type="radio"/> Depth (inches): _____ Water Table Present?    Yes <input type="radio"/> No <input type="radio"/> Depth (inches): _____ Saturation Present? (includes capillary fringe)    Yes <input type="radio"/> No <input type="radio"/> Depth (inches): _____	<p><b>Wetland Hydrology Present?</b>    Yes <input type="radio"/>    No <input type="radio"/></p>
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Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:

Remarks: