

U.S. Army Corps of Engineers
WETLAND DETERMINATION DATA SHEET – Alaska Region
 See ERDC/EL TR-07-24; the proponent agency is CECW-CO-R

OMB Control #: 0710-0024, Exp: 11/30/2024
 Requirement Control Symbol EXEMPT:
 (Authority: AR 335-15, paragraph 5-2a)

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 <u>X</u>	Is the Sampled Area within a Wetland? Yes _____ No <u>X</u>
Hydric Soil Present? Yes _____ No <u>X</u>	
Wetland Hydrology Present? Yes _____ No <u>X</u>	

Remarks: _____

VEGETATION – Use scientific names of plants.

Tree Stratum	Absolute % Cover	Dominant Species?	Indicator Status	Dominance Test worksheet:
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
			=Total Cover	
50% of total cover: _____		20% of total cover: _____		
Sapling/Shrub Stratum				Prevalence Index worksheet:
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
			=Total Cover	
50% of total cover: _____		20% of total cover: _____		
Herb Stratum				Hydrophytic Vegetation Indicators:
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 _____			Hydrophytic Vegetation Present? Yes _____ No <u>X</u>
% Cover of Wetland Bryophytes _____	Total Cover of Bryophytes _____			
(Where applicable)				

Remarks: _____



AGENCY DISCLOSURE NOTIFICATION

The public reporting burden for this collection of information, OMB Control Number 0710-xxxx, is estimated to average 1 hour 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.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570115/a1145b-ce.aspx>

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:	Indicators for Problematic Hydric Soils³:	
<input type="checkbox"/> Histosol or Histel (A1)	<input type="checkbox"/> Depleted Below Dark Surface (A11)	<input type="checkbox"/> Alaska Color Change (TA4) ⁴
<input type="checkbox"/> Histic Epipedon (A2)	<input type="checkbox"/> Depleted Matrix (F3)	<input type="checkbox"/> Alaska Alpine Swales (TA5)
<input type="checkbox"/> Black Histic (A3)	<input type="checkbox"/> Redox Dark Surface (F6)	<input type="checkbox"/> Alaska Redox With 2.5Y Hue
<input type="checkbox"/> Hydrogen Sulfide (A4)	<input type="checkbox"/> Depleted Dark Surface (F7)	<input type="checkbox"/> Alaska Gleyed Without Hue 5Y or Redder
<input type="checkbox"/> Thick Dark Surface (A12)	<input type="checkbox"/> Redox Depressions (F8)	<input type="checkbox"/> Underlying Layer
<input type="checkbox"/> Alaska Gleyed (A13)	<input type="checkbox"/> Red Parent Material (F21)	<input type="checkbox"/> Other (Explain in Remarks)
<input type="checkbox"/> Alaska Redox (A14)	<input type="checkbox"/> Very Shallow Dark Surface (F22)	
<input type="checkbox"/> Alaska Gleyed Pores (A15)		

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 <u>X</u>
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Remarks:

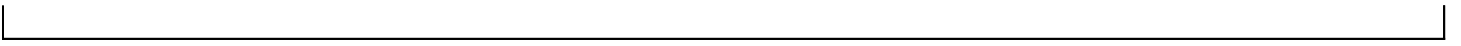
HYDROLOGY

Wetland Hydrology Indicators:	Secondary Indicators (2 or more required)
<u>Primary Indicators (any one indicator is sufficient)</u>	
<input type="checkbox"/> Surface Water (A1)	<input type="checkbox"/> Water-Stained Leaves (B9)
<input type="checkbox"/> High Water Table (A2)	<input type="checkbox"/> Drainage Patterns (B10)
<input type="checkbox"/> Saturation (A3)	<input type="checkbox"/> Oxidized Rhizospheres along Living Roots (C3)
<input type="checkbox"/> Water Marks (B1)	<input type="checkbox"/> Presence of Reduced Iron (C4)
<input type="checkbox"/> Sediment Deposits (B2)	<input type="checkbox"/> Salt Deposits (C5)
<input type="checkbox"/> Drift Deposits (B3)	<input type="checkbox"/> Stunted or Stressed Plants (D1)
<input type="checkbox"/> Algal Mat or Crust (B4)	<input type="checkbox"/> Geomorphic Position (D2)
<input type="checkbox"/> Iron Deposits (B5)	<input type="checkbox"/> Shallow Aquitard (D3)
<input type="checkbox"/> Surface Soil Cracks (B6)	<input type="checkbox"/> Microtopographic Relief (D4)
<input type="checkbox"/> Inundation Visible on Aerial Imagery (B7)	<input type="checkbox"/> FAC-Neutral Test (D5)
<input type="checkbox"/> Sparsely Vegetated Concave Surface (B8)	
<input type="checkbox"/> Marl Deposits (B15)	
<input type="checkbox"/> Hydrogen Sulfide Odor (C1)	
<input type="checkbox"/> Dry-Season Water Table (C2)	
<input type="checkbox"/> Other (Explain in Remarks)	

Field Observations:	Wetland Hydrology Present? Yes _____ No <u>X</u>
Surface Water Present? Yes _____ No _____ Depth (inches): _____	
Water Table Present? Yes _____ No _____ Depth (inches): _____	
Saturation Present? Yes _____ No _____ Depth (inches): _____	
(includes capillary fringe)	

Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:

Remarks:



VEGETATION Continued – Use scientific names of plants.

Sampling Point: _____

<u>Tree Stratum</u>	Absolute % Cover	Dominant Species?	Indicator Status	Definitions of Vegetation Strata: 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, regardless of height. Herb – All herbaceous (non-woody) plants, regardless of size.
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:

