

**U.S. Army Corps of Engineers**  
**WETLAND DETERMINATION DATA SHEET – Great Plains Region**  
 See ERDC/EL TR-10-1; 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: \_\_\_\_\_ City/County: \_\_\_\_\_ Sampling Date: \_\_\_\_\_  
 Applicant/Owner: \_\_\_\_\_ State: \_\_\_\_\_ Sampling Point: \_\_\_\_\_  
 Investigator(s): \_\_\_\_\_ Section, Township, Range: \_\_\_\_\_  
 Landform (hillside, terrace, etc.): \_\_\_\_\_ Local relief (concave, convex, none): \_\_\_\_\_ Slope (%): \_\_\_\_\_  
 Subregion (LRR/MLRA): \_\_\_\_\_ 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> Hydric Soil Present? Yes _____ No <u>X</u> Wetland Hydrology Present? Yes _____ No <u>X</u>	<b>Is the Sampled Area within a Wetland?</b> Yes _____ No <u>X</u>
Remarks:	

**VEGETATION – Use scientific names of plants.**

Tree Stratum	(Plot size: _____)	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					
Sapling/Shrub Stratum	(Plot size: _____)				<b>Prevalence Index worksheet:</b> 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 = _____
1. _____					
2. _____					
3. _____					
4. _____					
_____ =Total Cover					
Herb Stratum	(Plot size: _____)				<b>Hydrophytic Vegetation Indicators:</b> ___ 1 - Rapid Test for Hydrophytic Vegetation ___ 2 - Dominance Test is >50% ___ 3 - Prevalence Index is ≤3.0 <sup>1</sup> ___ 4 - Morphological Adaptations <sup>1</sup> (Provide supporting data in Remarks or on a separate sheet) ___ Problematic Hydrophytic Vegetation <sup>1</sup> (Explain)  <sup>1</sup> Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
_____ =Total Cover					
Woody Vine Stratum	(Plot size: _____)				<b>Hydrophytic Vegetation Present?</b> Yes _____ No <u>X</u>
1. _____					
2. _____					
_____ =Total Cover					
% Bare Ground in Herb Stratum _____					
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	Remarks
	Color (moist)	%	Color (moist)	%	Type <sup>1</sup>	Loc <sup>2</sup>		

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

<b>Hydric Soil Indicators: (Applicable to all LRRs, unless otherwise noted.)</b> <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 F)</b> <input type="checkbox"/> 1 cm Muck (A9) <b>(LRR F, G, H)</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"/> 2.5 cm Mucky Peat or Peat (S2) <b>(LRR G, H)</b> <input type="checkbox"/> 5 cm Mucky Peat or Peat (S3) <b>(LRR F)</b>	<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"/> High Plains Depressions (F16) <b>(MLRA 72 &amp; 73 of LRR H)</b>	<b>Indicators for Problematic Hydric Soils<sup>3</sup>:</b> <input type="checkbox"/> 1 cm Muck (A9) <b>(LRR I, J)</b> <input type="checkbox"/> High Plains Depressions (F16) <b>(LRR H outside of MLRA 72 &amp; 73)</b> <input type="checkbox"/> Reduced Vertic (F18) <input type="checkbox"/> Red Parent Material (F21) <input type="checkbox"/> Very Shallow Dark Surface (F22) <input type="checkbox"/> Other (Explain in Remarks)
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<sup>3</sup>Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.

**Restrictive Layer (if observed):**  
 Type: \_\_\_\_\_  
 Depth (inches): \_\_\_\_\_

**Hydric Soil Present?      Yes \_\_\_\_\_ No X**

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

## HYDROLOGY

**Wetland Hydrology Indicators:**

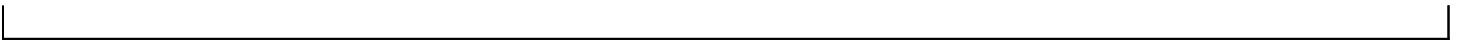
<u>Primary Indicators (minimum of one is required; check all that apply)</u> <input type="checkbox"/> Surface Water (A1) <input type="checkbox"/> High Water Table (A2) <input type="checkbox"/> Saturation (A3) <input type="checkbox"/> Water Marks (B1) <input type="checkbox"/> Sediment Deposits (B2) <input type="checkbox"/> Drift Deposits (B3) <input type="checkbox"/> Algal Mat or Crust (B4) <input type="checkbox"/> Iron Deposits (B5) <input type="checkbox"/> Inundation Visible on Aerial Imagery (B7) <input type="checkbox"/> Water-Stained Leaves (B9)	<input type="checkbox"/> Salt Crust (B11) <input type="checkbox"/> Aquatic Invertebrates (B13) <input type="checkbox"/> Hydrogen Sulfide Odor (C1) <input type="checkbox"/> Dry-Season Water Table (C2) <input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3) <b>(where not tilled)</b> <input type="checkbox"/> Presence of Reduced Iron (C4) <input type="checkbox"/> Thin Muck Surface (C7) <input type="checkbox"/> Other (Explain in Remarks)	<u>Secondary Indicators (minimum of two required)</u> <input type="checkbox"/> Surface Soil Cracks (B6) <input type="checkbox"/> Sparsely Vegetated Concave Surface (B8) <input type="checkbox"/> Drainage Patterns (B10) <input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3) <b>(where tilled)</b> <input type="checkbox"/> Crayfish Burrows (C8) <input type="checkbox"/> Saturation Visible on Aerial Imagery (C9) <input type="checkbox"/> Geomorphic Position (D2) <input type="checkbox"/> FAC-Neutral Test (D5) <input type="checkbox"/> Frost-Heave Hummocks (D7) <b>(LRR F)</b>
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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 X**

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

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

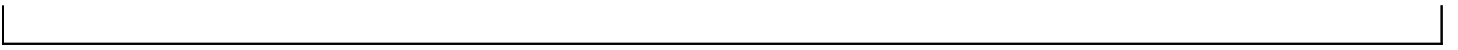


**VEGETATION Continued** – Use scientific names of plants.

Sampling Point: \_\_\_\_\_

<u>Tree Stratum</u>	Absolute % Cover	Dominant Species?	Indicator Status	<b>Definitions of Vegetation Strata:</b>  <b>Tree</b> – Woody plants 3 in. (7.6 cm) or more in diameter at breast height (DBH), regardless of height.  <b>Sapling/Shrub</b> – Woody plants less than 3 in. DBH, regardless of height.  <b>Herb</b> – All herbaceous (non-woody) plants, including herbaceous vines, regardless of size.  <b>Woody Vine</b> – All woody vines, regardless of height.
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
11. _____	_____	_____	_____	
12. _____	_____	_____	_____	
			=Total Cover	
<u>Sapling/Shrub Stratum</u>				
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	
10. _____	_____	_____	_____	
11. _____	_____	_____	_____	
12. _____	_____	_____	_____	
13. _____	_____	_____	_____	
			=Total Cover	
<u>Herb Stratum</u>				
11. _____	_____	_____	_____	
12. _____	_____	_____	_____	
13. _____	_____	_____	_____	
14. _____	_____	_____	_____	
15. _____	_____	_____	_____	
16. _____	_____	_____	_____	
17. _____	_____	_____	_____	
18. _____	_____	_____	_____	
19. _____	_____	_____	_____	
20. _____	_____	_____	_____	
21. _____	_____	_____	_____	
22. _____	_____	_____	_____	
			=Total Cover	
<u>Woody Vine Stratum</u>				
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
6. _____	_____	_____	_____	
7. _____	_____	_____	_____	
			=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](mailto: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>