

DATA FORM
ROUTINE WETLAND DETERMINATION
(1987 COE Wetlands Delineation Manual)

Project/Site: _____ Applicant/Owner: _____ Investigator: _____	Date: _____ County: _____ State: _____
Do Normal Circumstances exist on the site? Yes No Is the site significantly disturbed (Atypical Situation)? Yes No Is the area a potential Problem Area? Yes No (If needed, explain on reverse.)	Community ID: _____ Transect ID: _____ Plot ID: _____

VEGETATION

Dominant Plant Species	Stratum	Indicator	Dominant Plant Species	Stratum	Indicator
1. _____	_____	_____	9. _____	_____	_____
2. _____	_____	_____	10. _____	_____	_____
3. _____	_____	_____	11. _____	_____	_____
4. _____	_____	_____	12. _____	_____	_____
5. _____	_____	_____	13. _____	_____	_____
6. _____	_____	_____	14. _____	_____	_____
7. _____	_____	_____	15. _____	_____	_____
8. _____	_____	_____	16. _____	_____	_____
Percent of Dominant Species that are OBL, FACW or FAC (excluding FAC-).					
Remarks:					

HYDROLOGY

<input type="checkbox"/> Recorded Data (Describe in Remarks): <input type="checkbox"/> Stream, Lake, or Tide Gauge <input type="checkbox"/> Aerial Photographs <input type="checkbox"/> Other <input type="checkbox"/> No Recorded Data Available	Wetland Hydrology Indicators Primary Indicators: <input type="checkbox"/> Inundated <input type="checkbox"/> Saturated in Upper 12 Inches <input type="checkbox"/> Water Marks <input type="checkbox"/> Drift Lines <input type="checkbox"/> Sediment Deposits <input type="checkbox"/> Drainage Patterns in Wetlands
Field Observations Depth of Surface Water: _____ (in.) Depth to Free Water in Pit: _____ (in.) Depth to Saturated Soil: _____ (in.)	Secondary Indicators (2 or more required) <input type="checkbox"/> Oxidized Root Channels in Upper 12 Inches <input type="checkbox"/> Water-Stained Leaves <input type="checkbox"/> Local Soil Survey Data <input type="checkbox"/> FAC Neutral Test <input type="checkbox"/> Other (Explain in Remarks)
Remarks:	

