

**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**

<u>Dominant Plant Species</u> <u>Stratum</u> <u>Indicator</u>	<u>Dominant Plant Species</u> <u>Stratum</u> <u>Indicator</u>
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 <hr/> Field Observations:  Depth of Surface Water: _____ (in.) Depth to Free Water in Pit: _____ (in.) Depth to Saturated Soil: _____ (in.)	Wetland Hydrology Indicators: <b>Primary Indicators:</b> <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 <b>Secondary Indicators (2 or more required):</b> <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: _____	

