

## WETLAND DETERMINATION DATA FORM – Northcentral and Northeast Region

GROSSE POINTE SHORES

Project/Site: FORD COVE RESTORATION City/County: WAYNE Sampling Date: 8.2.21  
 Applicant/Owner: FORD HOUSE State: MI Sampling Point: SS  
 Investigator(s): WADE ROSE, JOHN BARRATANO Section, Township, Range: S35 T1N R1E  
 Landform (hillslope, terrace, etc.): NONE Local relief (concave, convex, none): NONE Slope (%): < 2 %  
 Subregion (LRR or MLRA): LRR1 Lat: 42.457966 Long: -82.872086 Datum: WGS 84  
 Soil Map Unit Name: ZfshaA ZIEGENFUSS SANDY LOAM NWI classification: NONE

Are climatic / hydrologic conditions on the site typical for this time of year? Yes \_\_\_\_\_ No X (If no, explain in Remarks.)  
 Are Vegetation N, Soil N, or Hydrology N significantly disturbed? Are "Normal Circumstances" present? Yes X No \_\_\_\_\_  
 Are Vegetation N, Soil N, or Hydrology N 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 <u>X</u> No _____                   | Is the Sampled Area within a Wetland? Yes _____ No <u>X</u> |
| Hydric Soil Present? Yes _____ No <u>X</u>                              | If yes, optional Wetland Site ID: _____                     |
| Wetland Hydrology Present? Yes _____ No <u>X</u>                        |                                                             |
| Remarks: (Explain alternative procedures here or in a separate report.) |                                                             |

## HYDROLOGY

|                                                                                                |                                                                     |                                                                    |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Wetland Hydrology Indicators:</b>                                                           |                                                                     | <b>Secondary Indicators (minimum of two required)</b>              |
| <b>Primary Indicators (minimum of one is required; check all that apply)</b>                   |                                                                     |                                                                    |
| <input type="checkbox"/> Surface Water (A1)                                                    | <input type="checkbox"/> Water-Stained Leaves (B9)                  | <input type="checkbox"/> Surface Soil Cracks (B6)                  |
| <input type="checkbox"/> High Water Table (A2)                                                 | <input type="checkbox"/> Aquatic Fauna (B13)                        | <input type="checkbox"/> Drainage Patterns (B10)                   |
| <input type="checkbox"/> Saturation (A3)                                                       | <input type="checkbox"/> Marl Deposits (B15)                        | <input type="checkbox"/> Moss Trim Lines (B16)                     |
| <input type="checkbox"/> Water Marks (B1)                                                      | <input type="checkbox"/> Hydrogen Sulfide Odor (C1)                 | <input type="checkbox"/> Dry-Season Water Table (C2)               |
| <input type="checkbox"/> Sediment Deposits (B2)                                                | <input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3) | <input type="checkbox"/> Crayfish Burrows (C8)                     |
| <input type="checkbox"/> Drift Deposits (B3)                                                   | <input type="checkbox"/> Presence of Reduced Iron (C4)              | <input type="checkbox"/> Saturation Visible on Aerial Imagery (C9) |
| <input type="checkbox"/> Algal Mat or Crust (B4)                                               | <input type="checkbox"/> Recent Iron Reduction in Tilled Soils (C6) | <input type="checkbox"/> Stunted or Stressed Plants (D1)           |
| <input type="checkbox"/> Iron Deposits (B5)                                                    | <input type="checkbox"/> Thin Muck Surface (C7)                     | <input type="checkbox"/> Geomorphic Position (D2)                  |
| <input type="checkbox"/> Inundation Visible on Aerial Imagery (B7)                             | <input type="checkbox"/> Other (Explain in Remarks)                 | <input type="checkbox"/> Shallow Aquitard (D3)                     |
| <input type="checkbox"/> Sparsely Vegetated Concave Surface (B8)                               |                                                                     | <input type="checkbox"/> Microtopographic Relief (D4)              |
|                                                                                                |                                                                     | <input type="checkbox"/> FAC-Neutral Test (D5)                     |
| <b>Field Observations:</b>                                                                     |                                                                     |                                                                    |
| Surface Water Present? Yes _____ No <u>X</u> Depth (inches): _____                             | <b>Wetland Hydrology Present? Yes _____ No <u>X</u></b>             |                                                                    |
| Water Table Present? Yes _____ No <u>X</u> Depth (inches): _____                               |                                                                     |                                                                    |
| Saturation Present? Yes _____ No <u>X</u> Depth (inches): _____<br>(includes capillary fringe) |                                                                     |                                                                    |

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

Remarks: WETS DATA FROM THE GROSSE POINTE FARMS STATION INDICATES CONDITIONS ARE WETTER THAN HISTORICAL AVERAGES FOR THE PREVIOUS 3 MONTHS

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

 Sampling Point: SS

| Tree Stratum (Plot size: <u>30</u> )                                 | Absolute % Cover    | Dominant Species? | Indicator Status |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
|----------------------------------------------------------------------|---------------------|-------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|-------------------|-------------|--------------------|-------------|-------------------|-------------|--------------------|-------------|-------------------|-------------|----------------------|---------------------|
| 1. <u>QUERCUS PALUSTRIS</u>                                          | <u>60</u>           | <u>Y</u>          | <u>FACW</u>      | <b>Dominance Test worksheet:</b><br>Number of Dominant Species That Are OBL, FACW, or FAC: <u>3</u> (A)<br><br>Total Number of Dominant Species Across All Strata: <u>4</u> (B)<br><br>Percent of Dominant Species That Are OBL, FACW, or FAC: <u>75%</u> (A/B)                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 2. <u>CRATAEGUS CRUS-GALLI</u>                                       | <u>10</u>           |                   | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 3. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 4. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 5. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 6. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 7. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <u>70</u> = Total Cover                                              |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <b>Sapling/Shrub Stratum (Plot size: <u>15</u> )</b>                 |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 1. <u>CRATAEGUS CRUS-GALLI</u>                                       | <u>20</u>           | <u>Y</u>          | <u>FAC</u>       | <b>Prevalence Index worksheet:</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Total % Cover of:</th> <th style="text-align: left;">Multiply by:</th> </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> </table><br>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) _____ |
| 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) _____ |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 2. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 3. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 4. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 5. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 6. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 7. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <u>20</u> = Total Cover                                              |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <b>Herb Stratum (Plot size: <u>5</u> )</b>                           |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 1. <u>VINCA MINOR</u>                                                | <u>5</u>            | <u>Y</u>          | <u>UPL</u>       | <b>Hydrophytic Vegetation Indicators:</b><br><input type="checkbox"/> 1 - Rapid Test for Hydrophytic Vegetation<br><input checked="" type="checkbox"/> 2 - Dominance Test is >50%<br><input type="checkbox"/> 3 - Prevalence Index is ≤3.0 <sup>1</sup><br><input type="checkbox"/> 4 - Morphological Adaptations <sup>1</sup> (Provide supporting data in Remarks or on a separate sheet)<br><input type="checkbox"/> Problematic Hydrophytic Vegetation <sup>1</sup> (Explain)                                                                                                                             |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 2. <u>EPIPACTIS HELLBORINE</u>                                       | <u>2</u>            |                   | <u>UPL</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 3. <u>RUDBECKIA LACINIATA</u>                                        | <u>10</u>           | <u>Y</u>          | <u>FACW</u>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 4. <u>SYMPHYOTRICHUM LATRIFLOLUM</u>                                 | <u>2</u>            |                   | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 5. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 6. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 7. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <u>19</u> = Total Cover                                              |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <b>Woody Vine Stratum (Plot size: <u>30</u> )</b>                    |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 1. <u>NA</u>                                                         | <u>0</u>            |                   |                  | <b>Hydrophytic Vegetation Present?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 2. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 3. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 4. _____                                                             |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <u>0</u> = Total Cover                                               |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <b>Remarks: (Include photo numbers here or on a separate sheet.)</b> |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |

**SOHL**

Sampling Point: S5

**Profile Description:** (Describe to the depth needed to document the indicator or confirm the absence of indicators.)

[illegible]

<sup>1</sup>Type: C=Concentration, D=Depletion, RM=Reduced Matrix, MS=Masked Sand Grains.

<sup>2</sup>Location: PL=Pore Lining, M=Matrix.

### Hydric Soil Indicators:

- |                                                               |                                                                          |
|---------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Histosol (A1)                        | <input type="checkbox"/> Polyvalue Below Surface (S8) (LRR R, MLRA 149B) |
| <input type="checkbox"/> Histic Epipedon (A2)                 | <input type="checkbox"/> Thin Dark Surface (S9) (LRR R, MLRA 149B)       |
| <input type="checkbox"/> Black Histic (A3)                    | <input type="checkbox"/> Loamy Mucky Mineral (F1) (LRR K, L)             |
| <input type="checkbox"/> Hydrogen Sulfide (A4)                | <input type="checkbox"/> Loamy Gleyed Matrix (F2)                        |
| <input type="checkbox"/> Stratified Layers (A5)               | <input type="checkbox"/> Depleted Matrix (F3)                            |
| <input type="checkbox"/> Depleted Below Dark Surface (A11)    | <input type="checkbox"/> Redox Dark Surface (F6)                         |
| <input type="checkbox"/> Thick Dark Surface (A12)             | <input type="checkbox"/> Depleted Dark Surface (F7)                      |
| <input type="checkbox"/> Sandy Mucky Mineral (S1)             | <input type="checkbox"/> Redox Depressions (F8)                          |
| <input type="checkbox"/> Sandy Gleyed Matrix (S4)             |                                                                          |
| <input type="checkbox"/> Sandy Redox (S5)                     |                                                                          |
| <input type="checkbox"/> Stripped Matrix (S6)                 |                                                                          |
| <input type="checkbox"/> Dark Surface (S7) (LRR R, MLRA 149B) |                                                                          |

### Indicators for Problematic Hydric Soils<sup>3</sup>:

- ☐ 2 cm Muck (A10) (LRR K, L, **MLRA 149B**)  
☐ Coast Prairie Redox (A16) (LRR K, L, R)  
☐ 5 cm Mucky Peat or Peat (S3) (LRR K, L, R)  
☐ Dark Surface (S7) (LRR K, L, M)  
☐ Polyvalue Below Surface (S8) (LRR K, L)  
☐ Thin Dark Surface (S9) (LRR K, L)  
☐ Iron-Manganese Masses (F12) (LRR K, L, R)  
☐ Piedmont Floodplain Soils (F19) (**MLRA 149B**)  
☐ Mesic Spodic (TA6) (**MLRA 144A, 145, 149B**)  
☐ Red Parent Material (F21)  
☐ Very Shallow Dark Surface (TF12)  
☐ Other (Explain in Remarks)

<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 ☒

Remarks:

# WETLAND DETERMINATION DATA FORM – Northcentral and Northeast Region

GROSSE POINTE SHORES

Project/Site: FORD COVE RESTORATION City/County: WAYNE Sampling Date: 8.2.21  
 Applicant/Owner: FORD HOUSE State: MI Sampling Point: S6  
 Investigator(s): WADE ROSE, JOHN BARBATANO Section, Township, Range: S35 T1N R13E  
 Landform (hillslope, terrace, etc.): NONE Local relief (concave, convex, none): CONCAVE Slope (%): < 2%  
 Subregion (LRR or MLRA): LRRL Lat: 42.457878 Long: -82.872089 Datum: WGS 84  
 Soil Map Unit Name: ZfshaA ZIEGENFUSS SANDY LOAM NWI classification: NONE

Are climatic / hydrologic conditions on the site typical for this time of year? Yes ☐ No ☒ (If no, explain in Remarks.)  
 Are Vegetation N, Soil N, or Hydrology N significantly disturbed? Are "Normal Circumstances" present? Yes ☒ No ☐  
 Are Vegetation N, Soil N, or Hydrology N 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="checkbox"/> No <input type="checkbox"/> | Is the Sampled Area within a Wetland? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            | If yes, optional Wetland Site ID: _____                                                                   |
| Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>      |                                                                                                           |
| Remarks: (Explain alternative procedures here or in a separate report.)                             |                                                                                                           |

## HYDROLOGY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Wetland Hydrology Indicators:</b><br><b>Primary Indicators (minimum of one is required; check all that apply)</b><br><input type="checkbox"/> Surface Water (A1) <input type="checkbox"/> Water-Stained Leaves (B9)<br><input type="checkbox"/> High Water Table (A2) <input type="checkbox"/> Aquatic Fauna (B13)<br><input checked="" type="checkbox"/> Saturation (A3) <input type="checkbox"/> Marl Deposits (B15)<br><input type="checkbox"/> Water Marks (B1) <input type="checkbox"/> Hydrogen Sulfide Odor (C1)<br><input type="checkbox"/> Sediment Deposits (B2) <input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3)<br><input checked="" type="checkbox"/> Drift Deposits (B3) <input type="checkbox"/> Presence of Reduced Iron (C4)<br><input type="checkbox"/> Algal Mat or Crust (B4) <input type="checkbox"/> Recent Iron Reduction in Tilled Soils (C6)<br><input type="checkbox"/> Iron Deposits (B5) <input type="checkbox"/> Thin Muck Surface (C7)<br><input type="checkbox"/> Inundation Visible on Aerial Imagery (B7) <input type="checkbox"/> Other (Explain in Remarks)<br><input type="checkbox"/> Sparsely Vegetated Concave Surface (B8) |                                                                                                       | <b>Secondary Indicators (minimum of two required)</b><br><input type="checkbox"/> Surface Soil Cracks (B6)<br><input type="checkbox"/> Drainage Patterns (B10)<br><input type="checkbox"/> Moss Trim Lines (B16)<br><input type="checkbox"/> Dry-Season Water Table (C2)<br><input type="checkbox"/> Crayfish Burrows (C8)<br><input type="checkbox"/> Saturation Visible on Aerial Imagery (C9)<br><input type="checkbox"/> Stunted or Stressed Plants (D1)<br><input checked="" type="checkbox"/> Geomorphic Position (D2)<br><input type="checkbox"/> Shallow Aquitard (D3)<br><input type="checkbox"/> Microtopographic Relief (D4)<br><input type="checkbox"/> FAC-Neutral Test (D5) |
| <b>Field Observations:</b><br>Surface Water Present? Yes <input type="checkbox"/> No <input type="checkbox"/> Depth (inches): _____<br>Water Table Present? Yes <input type="checkbox"/> No <input type="checkbox"/> Depth (inches): _____<br>Saturation Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Depth (inches): <u>5</u><br>(includes capillary fringe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Remarks: <u>WETS DATA FROM THE GROSSE POINTE FARMS STATION INDICATES CONDITIONS ARE WETTER THAN HISTORICAL AVERAGES FOR THE PREVIOUS 3 MONTHS.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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

 Sampling Point: 56

| Tree Stratum (Plot size: <u>30</u> )                                 | Absolute % Cover    | Dominant Species? | Indicator Status |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
|----------------------------------------------------------------------|---------------------|-------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|-------------------|-------------|--------------------|-------------|-------------------|-------------|--------------------|-------------|-------------------|-------------|----------------------|---------------------|
| 1. <u>ULMUS AMERICANA</u>                                            | <u>10</u>           | <u>Y</u>          | <u>FACW</u>      | <b>Dominance Test worksheet:</b><br>Number of Dominant Species That Are OBL, FACW, or FAC: <u>8</u> (A)<br><br>Total Number of Dominant Species Across All Strata: <u>8</u> (B)<br><br>Percent of Dominant Species That Are OBL, FACW, or FAC: <u>100</u> (A/B)                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 2. <u>CRATAEGUS CRUS-GALLI</u>                                       | <u>10</u>           | <u>Y</u>          | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 3. <u>FRAXINUS PENNSYLVANICA</u>                                     | <u>20</u>           | <u>Y</u>          | <u>FACW</u>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 4. <u>QUERCUS PALUSTRES</u>                                          | <u>10</u>           | <u>Y</u>          | <u>FACW</u>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 5. _____                                                             | _____               | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 6. _____                                                             | _____               | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 7. _____                                                             | _____               | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <u>50</u> = Total Cover                                              |                     |                   |                  | <b>Prevalence Index worksheet:</b><br><table style="width: 100%;"> <tr> <th style="width: 50%;">Total % Cover of:</th> <th style="width: 50%;">Multiply by:</th> </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> </table> 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) _____ |
| 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) _____ |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <b>Sapling/Shrub Stratum (Plot size: <u>15</u> )</b>                 |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 1. <u>FRAXINUS PENNSYLVANICA</u>                                     | <u>5</u>            | <u>Y</u>          | <u>FACW</u>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 2. <u>CORNUS ALBA</u>                                                | <u>2</u>            | <u>Y</u>          | <u>FACW</u>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 3. _____                                                             | _____               | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 4. _____                                                             | _____               | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 5. _____                                                             | _____               | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 6. _____                                                             | _____               | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 7. _____                                                             | _____               | _____             | _____            | <b>Hydrophytic Vegetation Indicators:</b><br>___ 1 - Rapid Test for Hydrophytic Vegetation<br><del>___</del> 2 - Dominance Test is >50%<br>___ 3 - Prevalence Index is ≤3.0 <sup>1</sup><br>___ 4 - Morphological Adaptations <sup>1</sup> (Provide supporting data in Remarks or on a separate sheet)<br>___ Problematic Hydrophytic Vegetation <sup>1</sup> (Explain)<br><br><sup>1</sup> Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <u>7</u> = Total Cover                                               |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <b>Herb Stratum (Plot size: <u>5</u> )</b>                           |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 1. <u>PHYSOSTEGIA VIRGINIANA</u>                                     | <u>10</u>           | <u>Y</u>          | <u>FACW</u>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 2. <u>SYMPHYOTRICHUM LATRIFLORUM</u>                                 | <u>25</u>           | <u>Y</u>          | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 3. <u>OXALIS SP.</u>                                                 | <u>2</u>            | _____             | <u>NA</u>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 4. <u>PERISCARTIA LONGISETA</u>                                      | <u>5</u>            | _____             | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 5. <u>EUPATORIUM PERFOLIATUM</u>                                     | <u>2</u>            | _____             | <u>FACW</u>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 6. <u>FRAXINUS PENNSYLVANICA</u>                                     | <u>2</u>            | _____             | <u>FACW</u>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 7. <u>ASCLEPTAS INCARNATA</u>                                        | <u>2</u>            | _____             | <u>OBL</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 8. _____                                                             | _____               | _____             | _____            | <b>Definitions of Vegetation Strata:</b><br><br><b>Tree</b> – Woody plants 3 in. (7.6 cm) or more in diameter at breast height (DBH), regardless of height.<br><br><b>Sapling/shrub</b> – Woody plants less than 3 in. DBH and greater than or equal to 3.28 ft (1 m) tall.<br><br><b>Herb</b> – All herbaceous (non-woody) plants, regardless of size, and woody plants less than 3.28 ft tall.<br><br><b>Woody vines</b> – All woody vines greater than 3.28 ft in height.                                                                                                                  |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <u>48</u> = Total Cover                                              |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <b>Woody Vine Stratum (Plot size: <u>30</u> )</b>                    |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 1. <u>NA</u>                                                         | <u>0</u>            | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 2. _____                                                             | _____               | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 3. _____                                                             | _____               | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| 4. _____                                                             | _____               | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <u>0</u> = Total Cover                                               |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |
| <b>Remarks: (Include photo numbers here or on a separate sheet.)</b> |                     |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |

**Hydrophytic Vegetation Present?** Yes X No

## SOIL

Sampling Point: S6

**Profile Description:** (Describe to the depth needed to document the indicator or confirm the absence of indicators.)

[illegible]

<sup>1</sup>Type: C=Concentration, D=Depletion, RM=Reduced Matrix, MS=Masked Sand Grains.

<sup>2</sup>Location: PL=Pore Lining, M=Matrix.

### Hydric Soil Indicators:

|                                                                       |                                                                           |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Histosol (A1)                                | <input type="checkbox"/> Polyvalue Below Surface (S8) (LRR R,             |
| <input type="checkbox"/> Histic Epipedon (A2)                         | <b>MLRA 149B)</b>                                                         |
| <input type="checkbox"/> Black Histic (A3)                            | <input type="checkbox"/> Thin Dark Surface (S9) (LRR R, <b>MLRA 149B)</b> |
| <input type="checkbox"/> Hydrogen Sulfide (A4)                        | <input type="checkbox"/> Loamy Mucky Mineral (F1) (LRR K, L)              |
| <input type="checkbox"/> Stratified Layers (A5)                       | <input type="checkbox"/> Loamy Gleyed Matrix (F2)                         |
| <input checked="" type="checkbox"/> Depleted Below Dark Surface (A11) | <input type="checkbox"/> Depleted Matrix (F3)                             |
| <input type="checkbox"/> Thick Dark Surface (A12)                     | <input type="checkbox"/> Redox Dark Surface (F6)                          |
| <input type="checkbox"/> Sandy Mucky Mineral (S1)                     | <input type="checkbox"/> Depleted Dark Surface (F7)                       |
| <input type="checkbox"/> Sandy Gleyed Matrix (S4)                     | <input type="checkbox"/> Redox Depressions (F8)                           |
| <input type="checkbox"/> Sandy Redox (S5)                             |                                                                           |
| <input type="checkbox"/> Stripped Matrix (S6)                         |                                                                           |
| <input type="checkbox"/> Dark Surface (S7) (LRR R, <b>MLRA 149B)</b>  |                                                                           |

### Indicators for Problematic Hydric Soils<sup>3</sup>:

☐ 2 cm Muck (A10) (LRR K, L, **MLRA 149B**)  
☐ Coast Prairie Redox (A16) (LRR K, L, R)  
☐ 5 cm Mucky Peat or Peat (S3) (LRR K, L, R)  
☐ Dark Surface (S7) (LRR K, L, M)  
☐ Polyvalue Below Surface (S8) (LRR K, L)  
☐ Thin Dark Surface (S9) (LRR K, L)  
☐ Iron-Manganese Masses (F12) (LRR K, L, R)  
☐ Piedmont Floodplain Soils (F19) (**MLRA 149B**)  
☐ Mesic Spodic (TA6) (**MLRA 144A, 145, 149B**)  
☐ Red Parent Material (F21)  
☐ Very Shallow Dark Surface (TF12)  
☐ Other (Explain in Remarks)

<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 ☐

Remarks: