

# **SD 18**

## **Study Area Extension (Square Lake): Wetland and Watercourse Delineation**



January 17, 2020

**Melissa Nicholson**

Atlantic Mining NS  
6749 Moose River Rd,  
Middle Musquodoboit,  
Nova Scotia, B0N 1X0

**Re: Touquoy Gold Mine – Study Area Extension (Square Lake): Wetland and Watercourse Delineation**

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## 1 INTRODUCTION

Atlantic Mining Nova Scotia (AMNS) retained McCallum Environmental Ltd. (MEL) to conduct a wetland and watercourse assessment within an extension of the current Touquoy Mine Site Study Area located in Middle Musquodoboit, NS.

The Study Area extension is bound between Square Lake to the north and the original study area to the south. The Study Area extension exists within PIDs 40747818 and 00457699 and is approximately 10 ha in size. The Square Lake Study Area extension is provided in Figure 1 (Appendix A).

MEL conducted biophysical assessments to determine the locations of potential wetlands and watercourses within the Study Area. The assessment included an evaluation of desktop resources and a field program on November 7<sup>th</sup>, 2019.

The purpose of this report is to provide wetland and watercourse locations and characterizations to support continued future development of the Touquoy Mine.

## 2 METHODOLOGY

### 2.1 Desktop Review

A background information review of wetlands and watercourses was completed using the Nova Scotia Topographic Watercourse (NSTD) and the Nova Scotia Environment (NSE) Wetlands database. In addition, the NSE “Wetlands of Special Significance” (WSS) database was also reviewed.

### 2.2 Field Assessment

The field assessment was completed on November 7<sup>th</sup>, 2019 by MEL wetland delineator Ryan Gardiner. Meandering transects were completed within the Study Area extension to confirm the potential presence of wetlands and watercourses. This report adopts the terms defined by NSE under Section 105 of the *Environment Act*.

Wetlands are:

*Land referred to as a marsh, swamp, fen, or bog that either periodically or permanently has water table at, near, or above the land surface or that is saturated with water, and sustains aquatic processes as indicated by the presence of poorly drained soils, hydrophytic vegetation, and biological activities adapted to wet conditions.*

Watercourses are:

*The bed and shore of every river, stream, lake, creek, pond, spring, lagoon or other natural body of water, and the water therein, within the jurisdiction of the Province, whether it contains water or not, and all groundwater.*

Wetland boundaries were determined as described by the US Army Corps of Engineers, adapted for the Northcentral and Northeast Regions of the US (US Army Corp of Engineers, 2012) based on topography, soil and hydrology properties, and vegetation. All watercourses encountered during the assessment were also identified.

Wetland Data Determination forms were completed within each wetland identified and wetland boundaries and watercourse routes were recorded on a Geneq SX Blue II receiver and SX Blue pad. The Geneq SX Blue II receiver is capable of sub 1 m accuracy.

### **3 RESULTS**

#### **3.1 Desktop Review**

According to the database searches a single wetland was identified in the northern extent of Study Area extension along the shoreline of Square Lake. This wetland was verified (WL55) during the field surveys and is described in further detail below. No mapped watercourses are present in the Study Area extension.

Similar to the original Study Area, the desktop review process determined that the Study Area extension is located in an Endangered Mainland Moose Concentration Area. The desktop review also confirmed that the Study Area extension does not exist within or contain the following:

- Ramsar site, Provincial Wildlife Management Area (Crown and Provincial lands only), Provincial Park, Nature Reserve, Wilderness Area or lands owned or legally protected by non-government charitable conservation land trusts;
- Wetlands in designated protected water areas as described within Section 106 of the Environment Act; or,
- A designated wetland of special significance (WSS).

The Study Area extension is situated in upper portions of the Fish River – Square Lake Tertiary Watershed (1EL-5-M). Surface water within this watershed drains south towards Scraggy Lake) located approximately 3 km south of the Study Area extension.

#### **3.2 Field Results**

##### **3.2.1 Wetlands**

Three wetlands were identified within the Study Area extension (Figure 2, Appendix A). The wetlands were identified as WLs 53 to 55. Confirmation of the presence of hydrophytic vegetation, wetland hydrology and hydric soils was established by the completion of a single data point within each wetland and adjacent upland habitat. Wetland Determination Data Forms are provided in Appendix B.

### Wetland 53

Wetland 53 exists as a lentic fen 821 m<sup>2</sup> in size. The wetland exists in a basin formation and intercepts surface water run-off from surrounding low gradient upland habitat and bidirectional flow from Square Lake.

Hydrological conditions encountered at the data point location within the wetland are indicated by intermittent surface water to a depth of 3 cm, a high-water table and saturation at surface.

A survey for hydrophytic vegetation was completed in the wetland. The vegetative community is dominated by Black Spruce (*Picea mariana*), Balsam Fir (*Abies balsamea*) and Tamarack (*Larix laricina*) in the sparse tree and shrub layers. Leatherleaf (*Chamaedaphne calyculata*) and Reed Canary Grass (*Phalaris arundinacea*) were observed to dominate the herbaceous layer.

A soil pit was completed within the wetland to test for hydric soil conditions. Fibric organic soil to a depth of 50+ cm with no restrictive layer was observed. Hydric soil is present as indicated by a Histosol (Indicator A1).

### Wetland 54

Wetland 54 exists as an isolated treed swamp 2,058 m<sup>2</sup> in size. The wetland exists in a basin formation and intercepts surface water run-off from surrounding low gradient upland habitat. Wetland 54 is not hydrologically connected to the nearby Square Lake.

Hydrological conditions encountered at the data point location within the wetland are indicated by a high-water table and saturation at surface.

A survey for hydrophytic vegetation was completed in the wetland. The vegetative community is dominated by Balsam Fir in the tree and shrub layers. Sheep Laurel (*Kalmia angustifolia*) and Cinnamon Fern (*Osmunda cinnamomea*) were observed to dominate the herbaceous layer.

A soil pit was completed within the wetland to test for hydric soil conditions. Fibric organic soil to a depth of 20 cm was observed above a restrictive layer of rock. Hydric soil is present as indicated by a Histic Epipedon (Indicator A2).

### Wetland 55

Wetland 55 exists as a treed swamp and lentic fen complex that extends beyond the Study Area extension boundary to the north. Within the Study Area extension, 7,069 m<sup>2</sup> of Wetland 55 was delineated. The wetland exists in a basin formation with the treed swamp portion intercepting surface water run-off from surrounding low gradient upland habitat and the fen portion receiving bidirectional flow from Square Lake.

Hydrological conditions encountered at the data point location within the treed swamp portion of the wetland are indicated by a high-water table and saturation at surface.

A survey for hydrophytic vegetation was completed in the wetland. The vegetative community is dominated by Black Spruce and Balsam Fir in the tree and shrub layers. Three-seeded Sedge (*Carex trisperma*) and Cinnamon Fern were observed to dominate the herbaceous layer.

A soil pit was completed within the wetland to test for hydric soil conditions. Fibric organic soil to a depth of 20 cm above a restrictive layer of rock. Hydric soil is present as indicated by a Histic Epipedon (Indicator A2).

General observations within the fen portion of the wetlands indicate that the hydrological, soil and vegetation conditions are similar to those described in Wetland 53. A summary of the data point results and wetland characteristics for each wetland are provided in Table 1 and Table 2.

**Table 1: Wetland Determination Data Point Results**

| Data Point ID | Hydrophytic Vegetation Present: | Hydric Soil Indicator | Indicators of Wetland Hydrology                              | Positive Test for Wetland Habitat |
|---------------|---------------------------------|-----------------------|--------------------------------------------------------------|-----------------------------------|
| WL 53         | Yes – 2.16 PI Value             | A1 – Histosol         | Surface water,<br>Saturated at surface,<br>High water table, | Yes                               |
| WL 54         | Yes – 2.97 PI value             | A2 – Hist Epipedon    | Surface water,<br>High water table                           | Yes                               |
| UP 53/54      | No - 3.24 PI Value              | N/A                   | None                                                         | No                                |
| WL 55         | Yes – 2.4 PI Value              | A2 – Hist Epipedon    | Surface water,<br>High water table                           | Yes                               |
| UP 55         | No – 3.2 PI Value               | N/A                   | None                                                         | No                                |

\*A Prevalence Index (PI) Value equal to or less than 3 indicates hydrophytic vegetation.

**Table 2: Wetland Characteristic Summary**

| WL ID | Size (m <sup>2</sup> ) | Type              | Landform     | Landscape Position | Water Flow Path          |
|-------|------------------------|-------------------|--------------|--------------------|--------------------------|
| WL 53 | 821                    | Fen               | Basin        | Lentic             | Bidirectional – nontidal |
| WL 54 | 2058                   | Treed Swamp       | Basin        | Terrene            | Isolated                 |
| WL 55 | 7069                   | Fen/Swamp Complex | Sloped/Basin | Lentic             | Bidirectional - nontidal |

The locations of the wetlands are provided in Figure 1 (Appendix A). Representative photos are provided in Appendix C.

### 3.2.2 Watercourses

The field survey confirmed that no watercourses are present within the Study Area extension.

## 4 SUMMARY

The identified wetlands present characteristics typical of fen and treed swamp wetlands in Nova Scotia and the region generally. The three wetlands encompass a total combined area of 9,948 m<sup>2</sup> within the Study Area extension. Although the detailed functional assessment process has not been completed at this time, there are no conditions or wetland characteristics observed which trigger the wetland to exist as a Wetland of Special Significance.

### 4.1 Recommendations

Should alteration of the identified wetlands be required, a wetland alteration application should be compiled and submitted to NSE. To fulfill the requirements of a wetland alteration application additional field surveys are required between June 1<sup>st</sup> and September 30<sup>th</sup> to complete wetland functions assessment and species at risk surveys.

If you have any questions, please don't hesitate to contact the undersigned with any questions you might have.

Sincerely,



Ryan Gardiner,  
Intermediate Environmental Scientist  
McCallum Environmental Ltd.



Andy Walter  
Senior Project Manager  
McCallum Environmental Ltd.

## **APPENDIX A: Figures**

Prepared For:



Figure 1

Touquoy Gold Mine

Wetland Delineation Results  
Square Lake Study Area Extension

- Field Delineated Watercourse
- NSTDB Mapped Watercourse
- Wetland
- Square Lake Study Area Extension
- Study Area



Coordinate System: NAD 1983 CSRS UTM Zone 20N  
Projection: Transverse Mercator  
Datum: North American 1983 CSRS  
Units: Meter

0 50 100 200 m

1:4,000 Scale when printed @ 11" x 17"

Drawn By: R. Gardiner Date: 2020-01-03



McCallum Environmental Ltd.



4892500

4892000

505000

505500

506000



## **APPENDIX B: Wetland Determination Data Forms**

## WETLAND DETERMINATION DATA FORM – NOVA SCOTIA

Project/Site: TQ Municipality/County: HRM Sampling Date: 7-Nov-19  
 Applicant/Owner: AMNC Sampling Point: WL 53  
 Investigator(s): R. Gardiner Affiliation: McCallum Environmental  
 Landform (hillslope, terrace, etc.): \_\_\_\_\_ Local relief (concave, convex, none): Concave  
 Slope (%): \_\_\_\_\_ Lat: 505991 Long: 4982163 Datum: NAD 83  
 Soil Map Unit Name/Type: \_\_\_\_\_ Wetland Type: Fen

Are climatic / hydrologic conditions on the site typical for this time of year? Yes  No \_\_\_\_\_ (If no, explain in Remarks.)  
 Are Vegetation , Soil , or Hydrology  significantly disturbed? Are "Normal Circumstances" present? Yes  No \_\_\_\_\_  
 Are Vegetation , Soil , or Hydrology  naturally problematic? (If needed, explain any answers in Remarks.)

### SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

|                                                                                                                                                                                                                                          |                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Hydrophytic Vegetation Present? Yes <input checked="" type="checkbox"/> No _____<br>Hydric Soil Present? Yes <input checked="" type="checkbox"/> No _____<br>Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No _____ | Is the Sampled Area within a Wetland? Yes <input checked="" type="checkbox"/> No _____<br>If yes, optional Wetland Site ID: _____ |
| Remarks: (Explain alternative procedures here or in a separate report.)                                                                                                                                                                  |                                                                                                                                   |

### VEGETATION – Use scientific names of plants.

| Tree Stratum (Plot size: <u>10m<sup>2</sup></u> )               | Absolute % Cover | Dominant Species?                   | Indicator Status | Dominance Test worksheet:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
|-----------------------------------------------------------------|------------------|-------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|-----------------------|-----------------|------------------------|-----------------|-----------------------|-----------------|--------------------|-------------|-------------------|-------------|-------------------------------|----------------|
| 1. <u>Picea mariana</u>                                         | 10               | <input checked="" type="checkbox"/> | FACW             | Number of Dominant Species That Are OBL, FACW, or FAC: <u>6</u> (A)<br>Total Number of Dominant Species Across All Strata: <u>6</u> (B)<br>Percent of Dominant Species That Are OBL, FACW, or FAC: <u>100%</u> (A/B)                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 2. <u>Larix laricina</u>                                        | 5                | <input checked="" type="checkbox"/> | FAC              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 3. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 4. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 5. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| <u>15</u> = Total Cover                                         |                  |                                     |                  | <b>Prevalence Index worksheet:</b><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Total % Cover of:</td> <td style="width: 50%;">Multiply by:</td> </tr> <tr> <td>OBL species <u>37</u></td> <td>x 1 = <u>37</u></td> </tr> <tr> <td>FACW species <u>48</u></td> <td>x 2 = <u>96</u></td> </tr> <tr> <td>FAC species <u>21</u></td> <td>x 3 = <u>63</u></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: <u>106</u> (A)</td> <td><u>229</u> (B)</td> </tr> </table> Prevalence Index = B/A = <u>2.16</u> | Total % Cover of: | Multiply by: | OBL species <u>37</u> | x 1 = <u>37</u> | FACW species <u>48</u> | x 2 = <u>96</u> | FAC species <u>21</u> | x 3 = <u>63</u> | FACU species _____ | x 4 = _____ | UPL species _____ | x 5 = _____ | Column Totals: <u>106</u> (A) | <u>229</u> (B) |
| Total % Cover of:                                               | Multiply by:     |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| OBL species <u>37</u>                                           | x 1 = <u>37</u>  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| FACW species <u>48</u>                                          | x 2 = <u>96</u>  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| FAC species <u>21</u>                                           | x 3 = <u>63</u>  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| FACU species _____                                              | x 4 = _____      |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| UPL species _____                                               | x 5 = _____      |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| Column Totals: <u>106</u> (A)                                   | <u>229</u> (B)   |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| <b>Sapling/Shrub Stratum (Plot size: <u>5m<sup>2</sup></u>)</b> |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 1. <u>Larix laricina</u>                                        | 10               | <input checked="" type="checkbox"/> | FAC              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 2. <u>Picea mariana</u>                                         | 5                | <input checked="" type="checkbox"/> | FACW             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 3. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 4. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 5. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| <u>15</u> = Total Cover                                         |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| <b>Herb Stratum (Plot size: <u>1m<sup>2</sup></u>)</b>          |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 1. <u>Phalaris arundinacea</u>                                  | 25               | <input checked="" type="checkbox"/> | FACW             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 2. <u>Rhododendron groenlandicum</u>                            | 8                |                                     | FACW+            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 3. <u>Kalua angustifolia</u>                                    | 6                |                                     | FAC              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 4. <u>Poa nitida</u>                                            | 2                |                                     | OBL              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 5. <u>Chamaedaphne calyculata</u>                               | 35               | <input checked="" type="checkbox"/> | OBL              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 6. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 7. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 8. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 9. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 10. _____                                                       |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| <u>76</u> = Total Cover                                         |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| <b>Woody Vine Stratum (Plot size: _____)</b>                    |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 1. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| 2. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| _____ = Total Cover                                             |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |
| Remarks: (Include photo numbers here or on a separate sheet.)   |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |              |                       |                 |                        |                 |                       |                 |                    |             |                   |             |                               |                |

**Hydrophytic Vegetation Indicators:**  
 \_\_\_ Rapid Test for Hydrophytic Vegetation  
 Dominance Test is >50%  
 Prevalence Index is ≤3.0<sup>1</sup>  
 \_\_\_ Morphological Adaptations<sup>1</sup> (Provide supporting data in Remarks or on a separate sheet)  
 \_\_\_ Problematic Hydrophytic Vegetation<sup>1</sup> (Explain)

<sup>1</sup>Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.

**Hydrophytic Vegetation Present?** Yes  No \_\_\_\_\_

**SOIL**

7-Nov-19

TQ  
Sampling Point: WLS3

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

| Depth (inches) | Matrix        |   | Redox Features |   |                   |                  | Texture | Remarks |
|----------------|---------------|---|----------------|---|-------------------|------------------|---------|---------|
|                | Color (moist) | % | Color (moist)  | % | Type <sup>1</sup> | Loc <sup>2</sup> |         |         |
| 50-0 cm        |               |   |                |   |                   |                  |         | Organic |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |

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

- Hydric Soil Indicators:**
- Histosol (A1)
  - Histic Epipedon (A2)
  - Black Histic (A3)
  - Hydrogen Sulfide (A4)
  - Stratified Layers (A5)
  - Depleted Below Dark Surface (A11)
  - Thick Dark Surface (A12)
  - Sandy Mucky Mineral (S1)
  - Depleted Dark Surface (F7)
  - Sandy Redox (S5)
  - Stripped Matrix (S6)
  - Polyvalue Below Surface (S8)
  - Thin Dark Surface (S9)
  - Loamy Mucky Mineral (F1)
  - Loamy Gleyed Matrix (F2)
  - Depleted Matrix (F3)
  - Redox Dark Surface (F6)
  - Redox Depressions (F8)
  - Red Parent Material (TF2)
- Indicators for Problematic Hydric Soils<sup>3</sup>:**
- Sandy Gleyed Matrix (S4)
  - Coast Prairie Redox (A16)
  - 5 cm Mucky Peat or Peat (S3)
  - Iron-Manganese Masses (F12)
  - 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:

**HYDROLOGY**

- Wetland Hydrology Indicators:**
- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Primary Indicators (minimum of one is required; check all that apply)</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Surface Water (A1)</li> <li><input checked="" type="checkbox"/> High Water Table (A2)</li> <li><input checked="" type="checkbox"/> Saturation (A3)</li> <li><input type="checkbox"/> Water Marks (B1)</li> <li><input type="checkbox"/> Sediment Deposits (B2)</li> <li><input type="checkbox"/> Drift Deposits (B3)</li> <li><input type="checkbox"/> Algal Mat or Crust (B4)</li> <li><input type="checkbox"/> Iron Deposits (B5)</li> <li><input type="checkbox"/> Inundation Visible on Aerial Imagery (B7)</li> <li><input type="checkbox"/> Sparsely Vegetated Concave Surface (B8)</li> <li><input type="checkbox"/> Water-Stained Leaves (B9)</li> <li><input type="checkbox"/> Aquatic Fauna (B13)</li> <li><input type="checkbox"/> Marl Deposits (B15)</li> <li><input type="checkbox"/> Hydrogen Sulfide Odor (C1)</li> <li><input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3)</li> <li><input type="checkbox"/> Presence of Reduced Iron (C4)</li> <li><input type="checkbox"/> Recent Iron Reduction in Tilled Soils (C6)</li> <li><input type="checkbox"/> Thin Muck Surface (C7)</li> <li><input type="checkbox"/> Other (Explain in Remarks)</li> </ul> | <p><u>Secondary Indicators (minimum of two required)</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Surface Soil Cracks (B6)</li> <li><input type="checkbox"/> Drainage Patterns (B10)</li> <li><input type="checkbox"/> Moss Trim Lines (B16)</li> <li><input type="checkbox"/> Dry-Season Water Table (C2)</li> <li><input type="checkbox"/> Saturation Visible on Aerial Imagery (C9)</li> <li><input type="checkbox"/> Stunted or Stressed Plants (D1)</li> <li><input type="checkbox"/> Geomorphic Position (D2)</li> <li><input type="checkbox"/> Shallow Aquitard (D3)</li> <li><input type="checkbox"/> Microtopographic Relief (D4)</li> <li><input type="checkbox"/> FAC-Neutral Test (D5)</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Field Observations:**

Surface Water Present? Yes  No  Depth (inches): 3 cm

Water Table Present? Yes  No  Depth (inches): 0 cm

Saturation Present? (includes capillary fringe) Yes  No  Depth (inches): 0 cm

**Wetland Hydrology Present?** Yes  No

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

Remarks:

## WETLAND DETERMINATION DATA FORM – NOVA SCOTIA

Project/Site: TA Municipality/County: HRM Sampling Date: 7-Nov-19  
 Applicant/Owner: AMNS Sampling Point: Wet 54  
 Investigator(s): R. Gardner Affiliation: McCallum Environmental  
 Landform (hillslope, terrace, etc.): \_\_\_\_\_ Local relief (concave, convex, none): concave  
 Slope (%): \_\_\_\_\_ Lat: 505847 Long: 4982190 Datum: NAD 83  
 Soil Map Unit Name/Type: \_\_\_\_\_ Wetland Type: Treed swamps

Are climatic / hydrologic conditions on the site typical for this time of year? Yes  No \_\_\_\_\_ (If no, explain in Remarks.)  
 Are Vegetation , Soil , or Hydrology  significantly disturbed? Are "Normal Circumstances" present? Yes  No \_\_\_\_\_  
 Are Vegetation , Soil , or Hydrology  naturally problematic? (If needed, explain any answers in Remarks.)

### SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

|                                                                                                                                                                                                            |                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Hydrophytic Vegetation Present? Yes <input checked="" type="checkbox"/> No _____<br>Hydric Soil Present? Yes _____ No _____<br>Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No _____ | Is the Sampled Area within a Wetland? Yes <input checked="" type="checkbox"/> No _____<br>If yes, optional Wetland Site ID: _____ |
| Remarks: (Explain alternative procedures here or in a separate report.)                                                                                                                                    |                                                                                                                                   |

### VEGETATION – Use scientific names of plants.

| Tree Stratum (Plot size: <u>10m<sup>2</sup></u> )               | Absolute % Cover | Dominant Species?                   | Indicator Status | Dominance Test worksheet:                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------|------------------|-------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <u>Pinus strobus</u>                                         | <u>10</u>        |                                     | <u>FAC</u>       | Number of Dominant Species That Are OBL, FACW, or FAC: <u>4</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>100%</u> (A/B)                                                                                                                                          |
| 2. <u>Abies balsamea</u>                                        | <u>65</u>        | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                       |
| 3. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 4. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 5. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| <u>75</u> = Total Cover                                         |                  |                                     |                  | <b>Prevalence Index worksheet:</b><br>Total % Cover of: _____ Multiply by: _____<br>OBL species _____ x 1 = _____<br>FACW species <u>5</u> x 2 = <u>10</u><br>FAC species <u>150</u> x 3 = <u>450</u><br>FACU species _____ x 4 = _____<br>UPL species _____ x 5 = _____<br>Column Totals: <u>155</u> (A) <u>460</u> (B)<br><br>Prevalence Index = B/A = <u>2.97%</u> |
| <b>Sapling/Shrub Stratum (Plot size: <u>5m<sup>2</sup></u>)</b> |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 1. <u>Abies balsamea</u>                                        | <u>25</u>        | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                       |
| 2. <u>Picea mariana</u>                                         | <u>5</u>         |                                     | <u>FACW</u>      |                                                                                                                                                                                                                                                                                                                                                                       |
| 3. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| <u>36</u> = Total Cover                                         |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Herb Stratum (Plot size: <u>1m<sup>2</sup></u>)</b>          |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 1. <u>Osmunda cinnamomea</u>                                    | <u>30</u>        | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                       |
| 2. <u>Kalmia angustifolia</u>                                   | <u>15</u>        | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                       |
| 3. <u>Cephaelis trifolia</u>                                    | <u>5</u>         |                                     | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                       |
| 4. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 5. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 6. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 7. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 8. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 9. <u>Sphagnum ground cover</u>                                 |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 10. _____                                                       |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| <u>50</u> = Total Cover                                         |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Woody Vine Stratum (Plot size: _____)</b>                    |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 1. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 2. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |
| _____ = Total Cover                                             |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                       |

Remarks: (Include photo numbers here or on a separate sheet.)

Hydrophytic Vegetation Present? Yes  No \_\_\_\_\_

**Hydrophytic Vegetation Indicators:**  
 Rapid Test for Hydrophytic Vegetation  
 Dominance Test is >50%  
 Prevalence Index is ≤3.0<sup>1</sup>  
 Morphological Adaptations<sup>1</sup> (Provide supporting data in Remarks or on a separate sheet)  
 Problematic Hydrophytic Vegetation<sup>1</sup> (Explain)

<sup>1</sup>Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.

**SOIL**

Sampling Point: Wet 54

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

| Depth (inches) | Matrix        |   | Redox Features |   |                   |                  | Texture | Remarks |
|----------------|---------------|---|----------------|---|-------------------|------------------|---------|---------|
|                | Color (moist) | % | Color (moist)  | % | Type <sup>1</sup> | Loc <sup>2</sup> |         |         |
| 20-0 cm        |               |   |                |   |                   |                  |         | Organic |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |

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

**Hydric Soil Indicators:**

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

- |                                                            |                                                       |                                                       |
|------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Histosol (A1)                     | <input type="checkbox"/> Stripped Matrix (S6)         | <input type="checkbox"/> Sandy Gleyed Matrix (S4)     |
| <input checked="" type="checkbox"/> Histic Epipedon (A2)   | <input type="checkbox"/> Polyvalue Below Surface (S8) | <input type="checkbox"/> Coast Prairie Redox (A16)    |
| <input type="checkbox"/> Black Histic (A3)                 | <input type="checkbox"/> Thin Dark Surface (S9)       | <input type="checkbox"/> 5 cm Mucky Peat or Peat (S3) |
| <input type="checkbox"/> Hydrogen Sulfide (A4)             | <input type="checkbox"/> Loamy Mucky Mineral (F1)     | <input type="checkbox"/> Iron-Manganese Masses (F12)  |
| <input type="checkbox"/> Stratified Layers (A5)            | <input type="checkbox"/> Loamy Gleyed Matrix (F2)     | <input type="checkbox"/> Other (Explain in Remarks)   |
| <input 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"/> Redox Depressions (F8)       |                                                       |
| <input type="checkbox"/> Depleted Dark Surface (F7)        | <input type="checkbox"/> Red Parent Material (TF2)    |                                                       |
| <input type="checkbox"/> Sandy Redox (S5)                  |                                                       |                                                       |

<sup>3</sup>Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.

**Restrictive Layer (if observed):**

Type: Rock  
 Depth (inches): 20 cm

Hydric Soil Present? Yes  No

Remarks:

**HYDROLOGY**

**Wetland Hydrology Indicators:**

Secondary Indicators (minimum of two required)

Primary Indicators (minimum of one is required; check all that apply)

- |                                                                    |                                                                     |                                                                    |
|--------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Surface Water (A1)                        | <input type="checkbox"/> Water-Stained Leaves (B9)                  | <input type="checkbox"/> Surface Soil Cracks (B6)                  |
| <input checked="" type="checkbox"/> High Water Table (A2)          | <input type="checkbox"/> Aquatic Fauna (B13)                        | <input type="checkbox"/> Drainage Patterns (B10)                   |
| <input checked="" 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"/> Saturation Visible on Aerial Imagery (C9) |
| <input type="checkbox"/> Drift Deposits (B3)                       | <input type="checkbox"/> Presence of Reduced Iron (C4)              | <input type="checkbox"/> Stunted or Stressed Plants (D1)           |
| <input type="checkbox"/> Algal Mat or Crust (B4)                   | <input type="checkbox"/> Recent Iron Reduction in Tilled Soils (C6) | <input type="checkbox"/> Geomorphic Position (D2)                  |
| <input type="checkbox"/> Iron Deposits (B5)                        | <input type="checkbox"/> Thin Muck Surface (C7)                     | <input type="checkbox"/> Shallow Aquitard (D3)                     |
| <input type="checkbox"/> Inundation Visible on Aerial Imagery (B7) | <input type="checkbox"/> Other (Explain in Remarks)                 | <input type="checkbox"/> Microtopographic Relief (D4)              |
| <input type="checkbox"/> Sparsely Vegetated Concave Surface (B8)   |                                                                     | <input type="checkbox"/> FAC-Neutral Test (D5)                     |

**Field Observations:**

Surface Water Present? Yes  No  Depth (inches): \_\_\_\_\_  
 Water Table Present? Yes  No  Depth (inches): 20cm  
 Saturation Present? Yes  No  Depth (inches): 0cm  
 (includes capillary fringe)

Wetland Hydrology Present? Yes  No

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

Remarks:

## WETLAND DETERMINATION DATA FORM – NOVA SCOTIA

Project/Site: TQ Municipality/County: HRM Sampling Date: 7-10-19

Applicant/Owner: AMNS Sampling Point: Up 53/54

Investigator(s): R. Cordiner Affiliation: McCallum Environmental

Landform (hillslope, terrace, etc.): hillslope Local relief (concave, convex, none): \_\_\_\_\_

Slope (%): \_\_\_\_\_ Lat: 505 82156 Long: 498 2156 Datum: NAD 83

Soil Map Unit Name/Type: \_\_\_\_\_ Wetland Type: NIA

Are climatic / hydrologic conditions on the site typical for this time of year? Yes  No \_\_\_\_\_ (If no, explain in Remarks.)

Are Vegetation , Soil , or Hydrology  significantly disturbed? Are "Normal Circumstances" present? Yes  No \_\_\_\_\_

Are Vegetation , Soil , or Hydrology  naturally problematic? (If needed, explain any answers in Remarks.)

**SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.**

|                                                                                                                                                                                                                                          |                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Hydrophytic Vegetation Present? Yes _____ No <input checked="" type="checkbox"/><br>Hydric Soil Present? Yes _____ No <input checked="" type="checkbox"/><br>Wetland Hydrology Present? Yes _____ No <input checked="" type="checkbox"/> | Is the Sampled Area within a Wetland? Yes _____ No <input checked="" type="checkbox"/><br>If yes, optional Wetland Site ID: _____ |
| Remarks: (Explain alternative procedures here or in a separate report.)                                                                                                                                                                  |                                                                                                                                   |

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

| Tree Stratum (Plot size: <u>10m<sup>2</sup></u> )               | Absolute % Cover | Dominant Species?                   | Indicator Status | Dominance Test worksheet:                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------|------------------|-------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <u>Abies balsamea</u>                                        | <u>30</u>        | <input checked="" type="checkbox"/> | <u>FAC</u>       | Number of Dominant Species That Are OBL, FACW, or FAC: <u>4</u> (A)<br><br>Total Number of Dominant Species Across All Strata: <u>5</u> (B)<br><br>Percent of Dominant Species That Are OBL, FACW, or FAC: <u>80%</u> (A/B)                                                                                                                                            |
| 2. <u>Acer rubrum</u>                                           | <u>10</u>        | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                        |
| 3. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                        |
| 4. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                        |
| 5. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                        |
| <u>40</u> = Total Cover                                         |                  |                                     |                  | <b>Prevalence Index worksheet:</b><br>Total % Cover of: _____ Multiply by: _____<br>OBL species _____ x 1 = _____<br>FACW species _____ x 2 = _____<br>FAC species <u>113</u> x 3 = <u>339</u><br>FACU species <u>35</u> x 4 = <u>140</u><br>UPL species _____ x 5 = _____<br>Column Totals: <u>148</u> (A) <u>479</u> (B)<br><br>Prevalence Index = B/A = <u>3.24</u> |
| <b>Sapling/Shrub Stratum (Plot size: <u>5m<sup>2</sup></u>)</b> |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                        |
| 1. <u>Abies balsamea</u>                                        | <u>40</u>        | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                        |
| 2. <u>Picea glauca</u>                                          | <u>20</u>        | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                        |
| 3. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                        |
| <u>60</u> = Total Cover                                         |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Herb Stratum (Plot size: <u>1m<sup>2</sup></u>)</b>          |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                        |
| 1. <u>Phytolacca aquillifera</u>                                | <u>35</u>        | <input checked="" type="checkbox"/> | <u>FACU</u>      |                                                                                                                                                                                                                                                                                                                                                                        |
| 2. <u>Cornus canadensis</u>                                     | <u>8</u>         |                                     | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                        |
| 3. <u>Trientalis borealis</u>                                   | <u>2</u>         |                                     | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                        |
| 4. <u>Kalmia angustifolia</u>                                   | <u>3</u>         |                                     | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                        |
| <u>48</u> = Total Cover                                         |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Woody Vine Stratum (Plot size: _____)</b>                    |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                        |
| 1. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                        |
| 2. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                        |
| _____ = Total Cover                                             |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                        |

Remarks: (Include photo numbers here or on a separate sheet.)

**SOIL**

TR  
7-Nov-19 Sampling Point: Up 53

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

| Depth (inches) | Matrix        |   | Redox Features |   |                   |                  | Texture | Remarks |
|----------------|---------------|---|----------------|---|-------------------|------------------|---------|---------|
|                | Color (moist) | % | Color (moist)  | % | Type <sup>1</sup> | Loc <sup>2</sup> |         |         |
| 3-0 cm         |               |   |                |   |                   |                  |         | Organic |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Hydric Soil Indicators:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Histosol (A1)</li> <li><input type="checkbox"/> Histic Epipedon (A2)</li> <li><input type="checkbox"/> Black Histic (A3)</li> <li><input type="checkbox"/> Hydrogen Sulfide (A4)</li> <li><input type="checkbox"/> Stratified Layers (A5)</li> <li><input type="checkbox"/> Depleted Below Dark Surface (A11)</li> <li><input type="checkbox"/> Thick Dark Surface (A12)</li> <li><input type="checkbox"/> Sandy Mucky Mineral (S1)</li> <li><input type="checkbox"/> Depleted Dark Surface (F7)</li> <li><input type="checkbox"/> Sandy Redox (S5)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Stripped Matrix (S6)</li> <li><input type="checkbox"/> Polyvalue Below Surface (S8)</li> <li><input type="checkbox"/> Thin Dark Surface (S9)</li> <li><input type="checkbox"/> Loamy Mucky Mineral (F1)</li> <li><input type="checkbox"/> Loamy Gleyed Matrix (F2)</li> <li><input type="checkbox"/> Depleted Matrix (F3)</li> <li><input type="checkbox"/> Redox Dark Surface (F6)</li> <li><input type="checkbox"/> Redox Depressions (F8)</li> <li><input type="checkbox"/> Red Parent Material (TF2)</li> </ul> | <p><b>Indicators for Problematic Hydric Soils<sup>3</sup>:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sandy Gleyed Matrix (S4)</li> <li><input type="checkbox"/> Coast Prairie Redox (A16)</li> <li><input type="checkbox"/> 5 cm Mucky Peat or Peat (S3)</li> <li><input type="checkbox"/> Iron-Manganese Masses (F12)</li> <li><input type="checkbox"/> Other (Explain in Remarks)</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

<sup>3</sup>Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.

**Restrictive Layer (if observed):**

Type: Rock

Depth (inches): 3 cm

**Hydric Soil Present?** Yes  No

Remarks:

**HYDROLOGY**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Wetland Hydrology Indicators:</b></p> <p><u>Primary Indicators (minimum of one is required; check all that apply)</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Surface Water (A1)</li> <li><input type="checkbox"/> High Water Table (A2)</li> <li><input type="checkbox"/> Saturation (A3)</li> <li><input type="checkbox"/> Water Marks (B1)</li> <li><input type="checkbox"/> Sediment Deposits (B2)</li> <li><input type="checkbox"/> Drift Deposits (B3)</li> <li><input type="checkbox"/> Algal Mat or Crust (B4)</li> <li><input type="checkbox"/> Iron Deposits (B5)</li> <li><input type="checkbox"/> Inundation Visible on Aerial Imagery (B7)</li> <li><input type="checkbox"/> Sparsely Vegetated Concave Surface (B8)</li> <li><input type="checkbox"/> Water-Stained Leaves (B9)</li> <li><input type="checkbox"/> Aquatic Fauna (B13)</li> <li><input type="checkbox"/> Marl Deposits (B15)</li> <li><input type="checkbox"/> Hydrogen Sulfide Odor (C1)</li> <li><input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3)</li> <li><input type="checkbox"/> Presence of Reduced Iron (C4)</li> <li><input type="checkbox"/> Recent Iron Reduction in Tilled Soils (C6)</li> <li><input type="checkbox"/> Thin Muck Surface (C7)</li> <li><input type="checkbox"/> Other (Explain in Remarks)</li> </ul> | <p><u>Secondary Indicators (minimum of two required)</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Surface Soil Cracks (B6)</li> <li><input type="checkbox"/> Drainage Patterns (B10)</li> <li><input type="checkbox"/> Moss Trim Lines (B16)</li> <li><input type="checkbox"/> Dry-Season Water Table (C2)</li> <li><input type="checkbox"/> Saturation Visible on Aerial Imagery (C9)</li> <li><input type="checkbox"/> Stunted or Stressed Plants (D1)</li> <li><input type="checkbox"/> Geomorphic Position (D2)</li> <li><input type="checkbox"/> Shallow Aquitard (D3)</li> <li><input type="checkbox"/> Microtopographic Relief (D4)</li> <li><input type="checkbox"/> FAC-Neutral Test (D5)</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Field Observations:**

|                                                    |                              |                                        |                       |                                                                                                       |
|----------------------------------------------------|------------------------------|----------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------|
| Surface Water Present?                             | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Depth (inches): _____ | <b>Wetland Hydrology Present?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Water Table Present?                               | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Depth (inches): _____ |                                                                                                       |
| Saturation Present?<br>(includes capillary fringe) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Depth (inches): _____ |                                                                                                       |

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

Remarks:

## WETLAND DETERMINATION DATA FORM – NOVA SCOTIA

Project/Site: TQ Municipality/County: HRM Sampling Date: 7-Nov-19  
 Applicant/Owner: AMNS Sampling Point: Wet 55  
 Investigator(s): R. Gardner Affiliation: McCallum Environmental  
 Landform (hillslope, terrace, etc.): ^ Local relief (concave, convex, none): concave  
 Slope (%): \_\_\_\_\_ Lat: 505267 Long: 4982560 Datum: NAD 83  
 Soil Map Unit Name/Type: \_\_\_\_\_ Wetland Type: \_\_\_\_\_

Are climatic / hydrologic conditions on the site typical for this time of year? Yes  No \_\_\_\_\_ (If no, explain in Remarks.)  
 Are Vegetation , Soil , or Hydrology  significantly disturbed? Are "Normal Circumstances" present? Yes  No \_\_\_\_\_  
 Are Vegetation , Soil , or Hydrology  naturally problematic? (If needed, explain any answers in Remarks.)

### SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.

|                                                                                                                                                                                                            |                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Hydrophytic Vegetation Present? Yes <input checked="" type="checkbox"/> No _____<br>Hydric Soil Present? Yes <input checked="" type="checkbox"/> No _____<br>Wetland Hydrology Present? Yes _____ No _____ | Is the Sampled Area within a Wetland? Yes <input checked="" type="checkbox"/> No _____<br>If yes, optional Wetland Site ID: _____ |
| Remarks: (Explain alternative procedures here or in a separate report.)                                                                                                                                    |                                                                                                                                   |

### VEGETATION – Use scientific names of plants.

| Tree Stratum (Plot size: <u>10m<sup>2</sup></u> )               | Absolute % Cover | Dominant Species?                   | Indicator Status | Dominance Test worksheet:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
|-----------------------------------------------------------------|------------------|-------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|-----------------------|-----------------|------------------------|-----------------|-----------------------|------------------|--------------------|-------------|-------------------|-------------|-------------------------------|----------------|-------------------------------------|--|
| 1. <u>Picea mariana</u>                                         | <u>30</u>        | <input checked="" type="checkbox"/> | <u>FACW</u>      | Number of Dominant Species That Are OBL, FACW, or FAC: <u>6</u> (A)<br><br>Total Number of Dominant Species Across All Strata: <u>6</u> (B)<br><br>Percent of Dominant Species That Are OBL, FACW, or FAC: <u>100%</u> (A/B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 2. <u>Abies balsamea</u>                                        | <u>10</u>        | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 3. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 4. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 5. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| <u>40</u> = Total Cover                                         |                  |                                     |                  | <b>Prevalence Index worksheet:</b><br><table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Total % Cover of:</th> <th style="width: 50%;">Multiply by:</th> </tr> <tr> <td>OBL species <u>25</u></td> <td>x 1 = <u>25</u></td> </tr> <tr> <td>FACW species <u>40</u></td> <td>x 2 = <u>80</u></td> </tr> <tr> <td>FAC species <u>85</u></td> <td>x 3 = <u>255</u></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: <u>150</u> (A)</td> <td><u>360</u> (B)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Prevalence Index = B/A = <u>2.4</u></td> </tr> </table> | Total % Cover of: | Multiply by: | OBL species <u>25</u> | x 1 = <u>25</u> | FACW species <u>40</u> | x 2 = <u>80</u> | FAC species <u>85</u> | x 3 = <u>255</u> | FACU species _____ | x 4 = _____ | UPL species _____ | x 5 = _____ | Column Totals: <u>150</u> (A) | <u>360</u> (B) | Prevalence Index = B/A = <u>2.4</u> |  |
| Total % Cover of:                                               | Multiply by:     |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| OBL species <u>25</u>                                           | x 1 = <u>25</u>  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| FACW species <u>40</u>                                          | x 2 = <u>80</u>  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| FAC species <u>85</u>                                           | x 3 = <u>255</u> |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| FACU species _____                                              | x 4 = _____      |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| UPL species _____                                               | x 5 = _____      |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| Column Totals: <u>150</u> (A)                                   | <u>360</u> (B)   |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| Prevalence Index = B/A = <u>2.4</u>                             |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| <b>Sapling/Shrub Stratum (Plot size: <u>5m<sup>2</sup></u>)</b> |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 1. <u>Abies balsamea</u>                                        | <u>30</u>        | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 2. <u>Picea mariana</u>                                         | <u>10</u>        | <input checked="" type="checkbox"/> | <u>FACW</u>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 3. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 4. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 5. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| <u>40</u> = Total Cover                                         |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| <b>Herb Stratum (Plot size: <u>1m<sup>2</sup></u>)</b>          |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 1. <u>Osmunda cinnamomea</u>                                    | <u>40</u>        | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 2. <u>Carex trispennis</u>                                      | <u>25</u>        | <input checked="" type="checkbox"/> | <u>OBL</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 3. <u>Kelussia angustifolia</u>                                 | <u>5</u>         | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 4. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 5. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 6. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 7. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 8. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 9. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 10. _____                                                       |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| <u>70</u> = Total Cover                                         |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| <b>Woody Vine Stratum (Plot size: _____)</b>                    |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 1. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| 2. _____                                                        |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |
| _____ = Total Cover                                             |                  |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                       |                 |                        |                 |                       |                  |                    |             |                   |             |                               |                |                                     |  |

Remarks: (Include photo numbers here or on a separate sheet.)

**Hydrophytic Vegetation Present?** Yes  No \_\_\_\_\_

**Hydrophytic Vegetation Indicators:**  
 \_\_\_ Rapid Test for Hydrophytic Vegetation  
 Dominance Test is >50%  
 Prevalence Index is ≤3.0<sup>1</sup>  
 \_\_\_ Morphological Adaptations<sup>1</sup> (Provide supporting data in Remarks or on a separate sheet)  
 \_\_\_ Problematic Hydrophytic Vegetation<sup>1</sup> (Explain)

<sup>1</sup>Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.



**SOIL**

Sampling Point: Wet 50

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

| Depth (inches) | Matrix        |   | Redox Features |   |                   |                  | Texture | Remarks |
|----------------|---------------|---|----------------|---|-------------------|------------------|---------|---------|
|                | Color (moist) | % | Color (moist)  | % | Type <sup>1</sup> | Loc <sup>2</sup> |         |         |
| 20 - 0         |               |   |                |   |                   |                  |         | Organic |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |

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

| Hydric Soil Indicators:                                    | Indicators for Problematic Hydric Soils <sup>3</sup> : |
|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Histosol (A1)                     | <input type="checkbox"/> Stripped Matrix (S6)          |
| <input checked="" type="checkbox"/> Histic Epipedon (A2)   | <input type="checkbox"/> Polyvalue Below Surface (S8)  |
| <input type="checkbox"/> Black Histic (A3)                 | <input type="checkbox"/> Thin Dark Surface (S9)        |
| <input type="checkbox"/> Hydrogen Sulfide (A4)             | <input type="checkbox"/> Loamy Mucky Mineral (F1)      |
| <input type="checkbox"/> Stratified Layers (A5)            | <input type="checkbox"/> Loamy Gleyed Matrix (F2)      |
| <input 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"/> Redox Depressions (F8)        |
| <input type="checkbox"/> Depleted Dark Surface (F7)        | <input type="checkbox"/> Red Parent Material (TF2)     |
| <input type="checkbox"/> Sandy Redox (S5)                  |                                                        |
|                                                            | <input type="checkbox"/> Sandy Gleyed Matrix (S4)      |
|                                                            | <input type="checkbox"/> Coast Prairie Redox (A16)     |
|                                                            | <input type="checkbox"/> 5 cm Mucky Peat or Peat (S3)  |
|                                                            | <input type="checkbox"/> Iron-Manganese Masses (F12)   |
|                                                            | <input type="checkbox"/> Other (Explain in Remarks)    |

<sup>3</sup>Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.

|                                                                                              |                                                                                          |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Restrictive Layer (if observed):</b><br>Type: <u>Rock</u><br>Depth (inches): <u>20 cm</u> | Hydric Soil Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

Remarks:

**HYDROLOGY**

| Wetland Hydrology Indicators:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Secondary Indicators (minimum of two required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Primary Indicators (minimum of one is required; check all that apply)</b><br><input type="checkbox"/> Surface Water (A1)<br><input checked="" type="checkbox"/> High Water Table (A2)<br><input checked="" type="checkbox"/> Saturation (A3)<br><input type="checkbox"/> Water Marks (B1)<br><input type="checkbox"/> Sediment Deposits (B2)<br><input type="checkbox"/> Drift Deposits (B3)<br><input type="checkbox"/> Algal Mat or Crust (B4)<br><input type="checkbox"/> Iron Deposits (B5)<br><input type="checkbox"/> Inundation Visible on Aerial Imagery (B7)<br><input type="checkbox"/> Sparsely Vegetated Concave Surface (B8) | <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"/> Saturation Visible on Aerial Imagery (C9)<br><input type="checkbox"/> Stunted or Stressed Plants (D1)<br><input 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) |
| <input type="checkbox"/> Water-Stained Leaves (B9)<br><input type="checkbox"/> Aquatic Fauna (B13)<br><input type="checkbox"/> Marl Deposits (B15)<br><input type="checkbox"/> Hydrogen Sulfide Odor (C1)<br><input type="checkbox"/> Oxidized Rhizospheres on Living Roots (C3)<br><input type="checkbox"/> Presence of Reduced Iron (C4)<br><input type="checkbox"/> Recent Iron Reduction in Tilled Soils (C6)<br><input type="checkbox"/> Thin Muck Surface (C7)<br><input type="checkbox"/> Other (Explain in Remarks)                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Field Observations:</b><br>Surface Water Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Depth (inches): _____<br>Water Table Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Depth (inches): <u>-10 cm</u><br>Saturation Present? (includes capillary fringe) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Depth (inches): <u>0 cm</u> | Wetland Hydrology Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

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

Remarks:

# WETLAND DETERMINATION DATA FORM – NOVA SCOTIA

Project/Site: TQ Municipality/County: HRM Sampling Date: 17-Nov-19  
 Applicant/Owner: AMNS Sampling Point: Up 55  
 Investigator(s): R Gardiner Affiliation: MEC  
 Landform (hillslope, terrace, etc.): \_\_\_\_\_ Local relief (concave, convex, none): \_\_\_\_\_  
 Slope (%): \_\_\_\_\_ Lat: 505296 Long: 4982553 Datum: \_\_\_\_\_  
 Soil Map Unit Name/Type: \_\_\_\_\_ Wetland Type: NIA

Are climatic / hydrologic conditions on the site typical for this time of year? Yes  No \_\_\_\_\_ (If no, explain in Remarks.)  
 Are Vegetation , Soil , or Hydrology  significantly disturbed? Are "Normal Circumstances" present? Yes  No \_\_\_\_\_  
 Are Vegetation , Soil , or Hydrology  naturally problematic? (If needed, explain any answers in Remarks.)

**SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.**

|                                                                                                                                                                                                                                          |                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Hydrophytic Vegetation Present? Yes _____ No <input checked="" type="checkbox"/><br>Hydric Soil Present? Yes _____ No <input checked="" type="checkbox"/><br>Wetland Hydrology Present? Yes _____ No <input checked="" type="checkbox"/> | Is the Sampled Area within a Wetland? Yes _____ No <input checked="" type="checkbox"/><br>If yes, optional Wetland Site ID: _____ |
| Remarks: (Explain alternative procedures here or in a separate report.)                                                                                                                                                                  |                                                                                                                                   |

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

| Tree Stratum (Plot size: <u>10m<sup>2</sup></u> )         | Absolute % Cover        | Dominant Species?                   | Indicator Status | Dominance Test worksheet:                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------|-------------------------|-------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <u>Betula papyrifera</u>                               | <u>15</u>               | <input checked="" type="checkbox"/> | <u>FACU</u>      | Number of Dominant Species That Are OBL, FACW, or FAC: <u>4</u> (A)                                                                                                                                                                                                                                                                                                                                                            |
| 2. <u>Picea glauca</u>                                    | <u>5</u>                | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3. _____                                                  |                         |                                     |                  | Total Number of Dominant Species Across All Strata: <u>6</u> (B)                                                                                                                                                                                                                                                                                                                                                               |
| 4. _____                                                  |                         |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5. _____                                                  |                         |                                     |                  | Percent of Dominant Species That Are OBL, FACW, or FAC: <u>67%</u> (A/B)                                                                                                                                                                                                                                                                                                                                                       |
|                                                           | <u>20</u> = Total Cover |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sapling/Shrub Stratum (Plot size: <u>5m<sup>2</sup></u> ) | Absolute % Cover        | Dominant Species?                   | Indicator Status | Prevalence Index worksheet:                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1. <u>Betula papyrifera</u>                               | <u>15</u>               | <input checked="" type="checkbox"/> | <u>FACU</u>      | Total % Cover of: Multiply by:                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2. <u>Abies balsamea</u>                                  | <u>25</u>               | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3. <u>Picea glauca</u>                                    | <u>5</u>                |                                     | <u>FAC</u>       | OBL species _____ x 1 = _____                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4. _____                                                  |                         |                                     |                  | FACW species _____ x 2 = _____                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5. _____                                                  |                         |                                     |                  | FAC species <u>120</u> x 3 = <u>360</u>                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                           | <u>45</u> = Total Cover |                                     |                  | FACU species <u>30</u> x 4 = <u>120</u>                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                           |                         |                                     |                  | UPL species _____ x 5 = _____                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                           |                         |                                     |                  | Column Totals: <u>150</u> (A) <u>480</u> (B)                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                           |                         |                                     |                  | Prevalence Index = B/A = <u>3.2</u>                                                                                                                                                                                                                                                                                                                                                                                            |
| Herb Stratum (Plot size: <u>1m<sup>2</sup></u> )          | Absolute % Cover        | Dominant Species?                   | Indicator Status | Hydrophytic Vegetation Indicators:                                                                                                                                                                                                                                                                                                                                                                                             |
| 1. <u>Kalmia angustifolia</u>                             | <u>55</u>               | <input checked="" type="checkbox"/> | <u>FAC</u>       | <input type="checkbox"/> Rapid Test for Hydrophytic Vegetation<br><input checked="" type="checkbox"/> Dominance Test is >50%<br><input checked="" type="checkbox"/> Prevalence Index is ≤3.0 <sup>1</sup><br><input type="checkbox"/> 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>Cornus canadensis</u>                               | <u>25</u>               | <input checked="" type="checkbox"/> | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3. <u>Chaetochia hispidula</u>                            | <u>5</u>                |                                     | <u>FAC</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4. _____                                                  |                         |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5. _____                                                  |                         |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6. _____                                                  |                         |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7. _____                                                  |                         |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8. _____                                                  |                         |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9. _____                                                  |                         |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10. _____                                                 |                         |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | <u>85</u> = Total Cover |                                     |                  | <sup>1</sup> Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.                                                                                                                                                                                                                                                                                                                 |
| Woody Vine Stratum (Plot size: _____)                     | Absolute % Cover        | Dominant Species?                   | Indicator Status |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. _____                                                  |                         |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. _____                                                  |                         |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           |                         |                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |

Remarks: (Include photo numbers here or on a separate sheet.)

**SOIL**

TR  
7-Nov-19 Sampling Point: up 55

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

| Depth (inches) | Matrix        |   | Redox Features |   |                   |                  | Texture | Remarks |
|----------------|---------------|---|----------------|---|-------------------|------------------|---------|---------|
|                | Color (moist) | % | Color (moist)  | % | Type <sup>1</sup> | Loc <sup>2</sup> |         |         |
| 3-0            |               |   |                |   |                   |                  |         | Organic |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |
|                |               |   |                |   |                   |                  |         |         |

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

| Hydric Soil Indicators:                                    | Indicators for Problematic Hydric Soils <sup>3</sup> : |
|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Histosol (A1)                     | <input type="checkbox"/> Stripped Matrix (S6)          |
| <input type="checkbox"/> Histic Epipedon (A2)              | <input type="checkbox"/> Polyvalue Below Surface (S8)  |
| <input type="checkbox"/> Black Histic (A3)                 | <input type="checkbox"/> Thin Dark Surface (S9)        |
| <input type="checkbox"/> Hydrogen Sulfide (A4)             | <input type="checkbox"/> Loamy Mucky Mineral (F1)      |
| <input type="checkbox"/> Stratified Layers (A5)            | <input type="checkbox"/> Loamy Gleyed Matrix (F2)      |
| <input 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"/> Redox Depressions (F8)        |
| <input type="checkbox"/> Depleted Dark Surface (F7)        | <input type="checkbox"/> Red Parent Material (TF2)     |
| <input type="checkbox"/> Sandy Redox (S5)                  |                                                        |
|                                                            | <input type="checkbox"/> Sandy Gleyed Matrix (S4)      |
|                                                            | <input type="checkbox"/> Coast Prairie Redox (A16)     |
|                                                            | <input type="checkbox"/> 5 cm Mucky Peat or Peat (S3)  |
|                                                            | <input type="checkbox"/> Iron-Manganese Masses (F12)   |
|                                                            | <input type="checkbox"/> Other (Explain in Remarks)    |

<sup>3</sup>Indicators of hydrophytic vegetation and wetland hydrology must be present, unless disturbed or problematic.

|                                                                                            |                                                                                             |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>Restrictive Layer (if observed):</b><br>Type: <u>Rock</u><br>Depth (inches): <u>3cm</u> | Hydric Soil Present?    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

Remarks:

**HYDROLOGY**

| Wetland Hydrology Indicators:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Secondary Indicators (minimum of two required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 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 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) | <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"/> Saturation Visible on Aerial Imagery (C9)<br><input type="checkbox"/> Stunted or Stressed Plants (D1)<br><input 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 checked="" type="checkbox"/> Depth (inches): _____<br>Water Table Present?    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Depth (inches): _____<br>Saturation Present?    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Depth (inches): _____<br>(includes capillary fringe) | Wetland Hydrology Present?    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

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

Remarks:

Adapted from U.S. Army Corps of Engineers form for Northeast-North Central Supplement for use in Nova Scotia (2009)

## **APPENDIX C: Photolog**

**Appendix C: Photolog**



**Photo 1: Representative Fen Habitat in WL 53**



**Photo 2: Representative Fen Habitat in WL 53**



**Photo 3: Representative Swamp Habitat in WL 54**



**Photo 4: Representative Swamp Habitat in WL 54**



**Photo 5: Representative Swamp Habitat in WL 55**



**Photo 6: Representative Fen Habitat in WL 55**