## NDCRS ARCHEOLOGICAL SITE FORM PAGE 2—Descriptive Section

	Field Code		SITS# 32	
1.	Access:			
2.	Site Description	n (include features):		
3	Description of (	Cultural Material (quantify & identify artifac	ts not features):	
3. Description of <i>Cultural Material</i> (quantify & identify artifacts, <i>not</i> features):				
		# of Artifacts	# of Artifacts Collected	
4.	Artifact Reposit	ory:		
	Recorded By		Date Recorded	
		(First Name & Last Name)		(mm/dd/year)

Instructions to complete a digital version of this form: (1) Download a copy to your hard drive; (2) Open the saved blank copy; (3) Fill out the form; (4) Use the Save As command to rename the form appropriately and save; (5) *Print* and submit to SHSND.

Field Conditions:

Drv

Landowner Contact Information:

Person-Hours Spent at Site:

Project & Principal Investigator:

Vegetation Cover (% of visible ground):

Snow Cover (% of ground obscured by snow/ice):

Vegetation:

6.

10.

11.

12.

13.

14.

15.

## NDCRS ARCHEOLOGICAL SITE FORM PAGE 3—Descriptive Section

Field Code SITS# 32

5.	Description of Subsurface Testing:	
	1	

		,	- 7	,
	Snowy	Overcast	Sunny	Twilight
7.	Technique(s) U Transit	sed to Estimate Site Area Tape Measure	a: Paced	Visual Estimate
	GPS	Other (Explain)		
8.	Rationale for Site Boundary Determination: Surface Cultural Materials Features			Topography
	Continuous Stra	atigraphic Exposure		Systematic Subsurface Probing
	Subsurface Tes	sting	Other (Explain)	
9.	Current Use of	Site:		

Windy

Rainv

Recorded By Date Recorded

(First Name & Last Name) (mm/dd/year)

Instructions to complete a digital version of this form: (1) Download a copy to your hard drive; (2) Open the saved blank copy; (3) Fill out the form; (4) Use the Save As command to rename the form appropriately and save; (5) *Print* and submit to SHSND.

**Recorded By** 

(First Name & Last Name)

## NDCRS ARCHEOLOGICAL SITE FORM PAGE 4—Descriptive Section

	Field Code	SITS# 32
16.	Report Title & Author(s):	
17.	Contracting firm or Agency completing the form:	
18.	Description of Collection(s) Observed & Contact Information:	
19.	Statement of Integrity:	
20.	Statement of Significance:	
21.	References Cited/Comments:	

Instructions to complete a digital version of this form: (1) Download a copy to your hard drive; (2) Open the saved blank copy; (3) Fill out the form; (4) Use the Save As command to rename the form appropriately and save; (5) *Print* and submit to SHSND.

**Date Recorded** 

(mm/dd/year)