

This form may be used to document and initially record traditional cultural properties, sacred sites, and/or sites of cultural and religious significance to tribes or other groups. The form is not a formal determination of significance by Federal, Tribal, or State officials. Revised July 2013.

CULTURAL HERITAGE FORM

Temporary Number: _____ Identification Number: _____

Corresponding SITS# (if applicable): _____

Map Quad(s): _____

LTL__ TWP__ N, R__ W, SEC__ QQQ__ QQ__ Q__

UTM Coordinates – NAD 1983 _____ N E _____ Zone__ N

Attach a USGS 7.5' topo map and a sketch map depicting the cultural property boundaries and feature(s).

Traditional Cultural Property Potential (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Tangible and discrete | |
| <input type="checkbox"/> Clearly definable physical boundaries and attributes which can be documented historically | |
| <input type="checkbox"/> Traditional values which have been documented for at least 50 years | |
| <input type="checkbox"/> Integral importance to a living community | |
| <input type="checkbox"/> Significance established through oral history, oral tradition, ethnohistory, ethnography, history and / or archaeology | |
| <input type="checkbox"/> Single Feature | <input type="checkbox"/> Grave (physical remains present) |
| <input type="checkbox"/> Multiple Features | <input type="checkbox"/> Landform (describe below) |
| <input type="checkbox"/> Building / Structure | <input type="checkbox"/> Mineral Gathering Area |
| <input type="checkbox"/> Cairn | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Ceremonial / Meeting Ground | <input type="checkbox"/> Petroglyph / Pictograph |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Stone Image |
| <input type="checkbox"/> Eagle Trap / Trapping Ground | <input type="checkbox"/> Stone Circle |
| <input type="checkbox"/> Earthwork | <input type="checkbox"/> Stone Feature (describe below) |
| <input type="checkbox"/> Fossil Exposure | <input type="checkbox"/> Subsistence Gathering Area |
| | <input type="checkbox"/> Trail |

Historical Cultural / Ethnic Affiliation: _____

Setting: _____

Surface Ownership of Land: _____

Mineral Ownership of Land: _____

Current Land Use: _____

Condition: _____

Treatment Recommendation / Recommended Avoidance Buffer: _____

Interviewee(s): _____

Federal / Tribal / State Agency: _____

Project / Report Title: _____

Comments: _____

Repository of Additional Information: _____

(Tribe[s] / Tribal Historic Preservation Office / Group)

Recorder: _____

(First Name, Last Name, Contact Information)

Date: _____ (mm/dd/year)