

*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. Updated December 2020*

## CULTURAL HERITAGE FORM

Page 1

**Identification Number: CHF**

**Temporary Number:**

Corresponding NDCRS Number (if applicable):

Map Quad(s):

Lake Traverse Land:

Township:

Range:

Section:

Quarter Sections:

$\frac{1}{4}$  /  $\frac{1}{4}$  /  $\frac{1}{4}$  :

of the  $\frac{1}{4}$  /  $\frac{1}{4}$  :

of the  $\frac{1}{4}$  :

NAD:

Northing:

Easting:

Zone:

*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):

Tangible and discrete

Clearly definable physical boundaries and attributes which can be documented historically

Traditional values which have been documented for at least 50 years

Integral importance to a living community

Significance established through oral history, oral tradition, ethnohistory, ethnography, history and / or archaeology

Single Feature

Multiple Features

Building/Structure

Cairn

Ceremonial/Meeting Ground

Depression

Eagle Trap/Trapping Ground

Earthwork

Fossil Exposure

Grave (physical remains present)

Landform (describe below)

Mineral Gathering Area

Other (describe below)

Petroglyph/Pictograph

Stone Image

Stone Circle

Stone Feature (describe below)

Subsistence Gathering Area

Trail

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## **CULTURAL HERITAGE FORM**

**Page 2**

**Identification Number: CHF**

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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 / Tribal Historic Preservation Office / Group):

Recorder (First Name, Last Name, Contact Information):

Date (mm/dd/year):