

**NDCRS HISTORICAL ARCHEOLOGICAL SITE FORM
PAGE 2—*Descriptive Section***

Field Code

SITS# 32

1. Access:

2. *Site* Description (include features):

3. Description of *Cultural Material* (quantify & identify artifacts, not features):

of Artifacts

of Artifacts Collected

4. Artifact Repository:

Recorded By

(First Name & Last Name)

Date Recorded

(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.

NDCRS HISTORICAL ARCHEOLOGICAL SITE FORM PAGE 3—*Descriptive Section*

Field Code

SITS# 32

5. Description of Subsurface Testing:

6. Field Conditions:

Wet	Dry	Windy	Rainy
Snowy	Overcast	Sunny	Twilight

7. Technique(s) Used to Estimate Site Area:

Transit	Tape Measure	Paced	Visual Estimate
GPS	Other (Explain)		

8. Rationale for Site Boundary Determination:

Surface Cultural Materials	Features	Topography
Continuous Stratigraphic Exposure	Systematic Subsurface Probing	
Subsurface Testing	Other (Explain)	

9. Current Use of Site:

10. Landowner Contact Information:

11. Vegetation:

12. Vegetation Cover (% of visible ground):

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

14. Person-Hours Spent at Site:

15. Project Title & Principal Investigator:

Recorded By

(First Name & Last Name)

Date Recorded

(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.

**NDCRS HISTORICAL ARCHEOLOGICAL SITE FORM
PAGE 4—*Descriptive Section***

Field Code

SITS# 32

16. Report Title & Author(s):

17. Description of Collection(s) Observed & Contact Information:

18. Statement of Integrity:

19. Statement of Significance:

20. References Cited/Comments:

Recorded By

(First Name & Last Name)

Date Recorded

(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.