NDCRS *ARCHEOLOGICAL* SITE FORM
PAGE 1

Field Code_____ **SITS# 32**____ _____

SITE IDENTIFICATION

Map Quad_____ Site Name_____
Map Quad_____ Site Name_____

LTL____ TWP _____ R _____ SEC _____ QQQ ____ QQ ____ Q ____
LTL____ TWP _____ R _____ SEC _____ QQQ ____ QQ ____ Q ____
LTL____ TWP _____ R _____ SEC _____ QQQ ____ QQ ____ Q ____
LTL____ TWP _____ R _____ SEC _____ QQQ ____ QQ ____ Q ____

Subsection:
1 = N½
2 = E½
3 = S½
4 = W½
5 = NE¼
6 = SE¼
7 = SW¼
8 = NW¼

NAD 1983, UTM_____**N** **ZONE**_____
NAD 1983, UTM_____**E**

SITE DATA

FEATURE TYPE

____ Cairn
____ Conical Timber Lodge
____ CM Scatter
____ Eagle Trapping/Catching Pit
____ Earthlodge Village
____ Earthworks
____ Fortification
____ Grave
____ Hearth
____ Jump
____ Mound
____ Other Rock Features
____ Pit
____ Quarry/Mine
____ Rock Art
____ Rock Shelter
____ Stone Circle
____ Trail
____ Miscellaneous

CULTURAL MATERIAL

____ Bone, Worked
____ Ceramics
____ Charcoal
____ Copper
____ Faunal Remains
____ Fire-Cracked Rock
____ Floral Remains
____ Fossil
____ Hide, Hair, Fur
____ Human Remains
____ Projectile Point
____ Shell, Worked
____ Stone, Chipped
____ Stone, Ground
____ Trade Good
____ Wood, Worked
____ Other

____ Isolated Find

_____ Site Area (**m²**)
_____ Cultural Depth
____ Depth Indicator
____ Basis for Dating
____ CM Density

Cultural/Temporal Affiliation

_____ Paleo-Indian
_____ Archaic
_____ Woodland
_____ Late Prehistoric
____ Period Unknown

ENVIRONMENT

Landform 1_____ Landform 2 _____ Slope/Exposure _____ Ecosystem _____
Landform 1_____ Landform 2 _____ Slope/Exposure _____ Ecosystem _____
Elevation _____**m** Drainage System _____
View Degree _____ View Distance _____
Distance to Permanent Water _____**m** Permanent Water Type _____
Distance to Seasonal Water _____**m** Seasonal Water Type _____

CULTURAL RESOURCE MANAGEMENT

Ownership _____ Fieldwork Date _____ Probe _____ Formal Test or Excavation _____
Site Condition _____ Collection _____ Management Recommendation _____

Additional Information:

SHSND USE

Area of Significance ____ Ecozone ____ Verified Site ____ CR Type ____
Area of Significance ____ Ecozone ____
Area of Significance ____ Ecozone ____

Recorded By_____ **Date Recorded**_____
(First Name & Last Name) **(mm/dd/year)**

Instructions to complete this form: (1) Download ; (2) Save A Copy; (3) Submit a paper copy of the form to the SHSND and a PDF version of the form and corresponding GIS shapefiles to the FTP site of the SHSND.