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APPENDIX B

FORMS

APPENDIX B

FORMS

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CULTURAL RESOURCES REPORT NARRATIVE –
(TITLE)
(HCRC #)

Author

Month and Year

U.S. Department of Energy
Richland Operations Office
Richland, Washington

CULTURAL RESOURCES REPORT NARRATIVE
HANFORD CULTURAL AND HISTORICAL RESOURCES PROGRAM

Project Number:

Project Name:

A. NAME AND FULL DESCRIPTION OF THE PROPOSED UNDERTAKING

B. LOCATION AND GENERAL ENVIRONMENTAL SETTING

C. PRE-FIELD RESEARCH

1. Sources of information checked: Survey and Site Location Maps Previous Reports
 Aerial Photographs GLO Plats Other

Historic Maps

Aerial Photos

Survey and Site Location Maps/Previous Reports and Studies

Table. Projects and cultural resources previously recorded within the survey area.

Table. Projects and cultural resources previously recorded outside of the survey area but within 1.0 km of the area.

Traditional Cultural Properties (TCP's)

1. Are TCP's present in the project area? Yes No Unknown

Description or explanation:

2. Have Native Americans been consulted about the presence of TCP's in the project area?

Yes No

3. Is additional consultation necessary: Yes No

D. EXPECTED HISTORIC AND PREHISTORIC LAND USE AND SITE SENSITIVITY

1. Were there known sites in the general area? Yes No

2. Were sites expected? Yes No

E. FIELD METHODS

1. Areas examined and type of coverage:

2. Areas not examined and reasons why:

3. Personnel conducting and assisting in this survey:

4. Date(s) of survey:

5. Visibility on surface: Estimate: ____%
Visibility of subsurface: Estimate: ____ %

6. Problems encountered:

F. RESULTS

1.Results

Table. Newly recorded sites and isolated finds identified during the survey.

Table. Previously recorded sites identified during the survey.

2. Cultural resources noted but not formally recorded:

3. Impacts to survey area:

Repository (for all original survey records, photos, maps, and artifacts):

G. CONCLUSIONS AND RECOMMENDATIONS:

H. REFERENCES

I. ATTACHMENTS

- 1. Site forms for each site recorded ?
- 2. Isolate forms for each isolate recorded?
- 3. Overview location map
- 4. Quad map of surveyed area?
- 5. Other attachments?

J. CERTIFICATION OF RESULTS

I certify that I conducted the investigation reported here, that my observations and methods are fully documented, and that this report is complete and accurate to the best of my knowledge.

Reporter	Signature	Date
----------	-----------	------

Reviewer	Concurrence (Signature)	Date
----------	-------------------------	------

CULTURAL RESOURCES REVIEW TRACKING FORM				HCRC #					
ProjectName									
Requesting Organization									
Primary Contact Person									
MSIN		Telephone							
Secondary (If primary not available)			Telephone						
Date Request Received			Date Findings Requested By						
Information Checked and Clarified By				Reviewing Organization					
Primary Class		Secondary Class		Tertiary Class		NHPA Section			
Township		Range		Section 0		Easting 0		Northing 0	
ReviewAction									

ReviewDocumentation

Comments:

FileClosed:

Please use this number
when referring to this permit
No.:

UNITED STATES DEPARTMENT OF ENERGY

FEDERAL ARCHAEOLOGICAL RESOURCES PROTECTION ACT PERMIT

To conduct cultural resource surveys, including shovel testing, on public lands owned or controlled by the U.S. Department of Energy (DOE) pursuant to the provisions of the Archaeological Resources Protection Act (ARPA) (93 Stat. 721, 16 U.S.C. 470aa-mm) and implementing regulations (43 CFR 7).

1. Permit issued to:

2. Under application dated:

3. Name, address and official status of person:

a. In general charge:

b. In direct charge:

4. Activity authorized:

5. On lands described as follows:

HCRC No.:

6. For period: _____ to: _____

7. University, museum or other scientific or educational institution in which the materials collected under this permit will be deposited for permanent preservation: (A copy of a current, valid curation agreement must be kept on file with the land managing agency (ies)). U.S. Department of Energy Richland Operations Office Sigma V Facility.

8. Special conditions: This permit, as checked above, is subject to the provisions of the Archaeological Resources Protection Act of 1979, and its regulations (43 CFR 7), or the Antiquities Act of 1906, its regulations (43 CFR 3), and interdepartmental regulations (25 CFR 261) as to Indian lands. All permits are subject to the provisions of the Native American Graves Protection and Repatriation act of 1990, the regulations for the curation of Federally-owned and administered archaeological collections (36CFR 79), and the special conditions as listed on the reverse side.

9. Preliminary report: Within approximately 6 weeks of the conclusion of field work, a preliminary report of work performed under this permit, illustrated with representative photographs and listing new and significant collected materials, should be furnished to: DOE-RL Cultural and Historic Resources Program Manager

10. Signature and title of approving official:

11. Date:

8. (CONTINUED) Special conditions are checked (X) as appropriate to this permit.

- a. This permit shall not be exclusive in character, and there is hereby reserved unto the landowners the right to use, lease or permit the use of said land or any part thereof for any purpose.
- b. Other institutions may be engaged in archaeological research in the general area covered by this permit. In case there should be conflict with respect to a site not specifically designated in a permit, the parties concerned shall reach agreement between themselves as to which shall work the site.
- c. The DOE shall not be responsible for damages to property or injuries to persons which may arise from or be incident to the use and occupation of the said premises, or for damages to the property of the permittee, or for injuries to the person of the permittee (if an individual), or for damages to the property or injuries to the person of the permittee's officers, agents, or employees, or others who may be on said premises at the invitation of any one of them, arising from governmental activities, and the permittee shall hold the DOE harmless from any and all such claims except for claims arising out of the negligence or willful misconduct of the Government's officers, agents, or employees.
- d. Such guidance and protection as is consistent with duties of the DOE official in charge of the area will be afforded the permit holder and his party.
- e. Transportation in DOE vehicles cannot be furnished, except in cases where no extra expense to the Department is involved.
- f. All costs shall be borne by the permittee.
- g. If any evidence of human skeletal remains is encountered during the course of testing or excavation, permittee shall cease work in the immediate area taking measures to protect the site and immediately notify the Site Preservation Officer (SPO) or authorized representative. Such work shall not resume until the SPO or authorized representative has given permission.
- h. All excavated areas shall be restored by filling in the excavations and otherwise leaving the area in as near to original condition as is practicable. Temporary stakes and/or flagging used to identify sites shall be removed upon completion of the project unless otherwise authorized.
- i. The permittee shall conduct all operations in such a manner as to prevent the erosion of the land, pollution of the water resources, and damage to the watershed, and to do all things necessary to prevent or reduce to the fullest extent the scarring of the lands. Littering or polluting of lands covered under this permit is prohibited.
- j. Any findings of mined or processed metals or other treasure or treasure trove in the area covered by this permit are the exclusive property of the landowners, and shall not be disturbed or removed from the site without specific written permission from DOE.
- k. Two copies of the draft report of findings shall be provided to DOE within 45 days of completion of field work. DOE shall provide comments on the draft report to the permittee within 30 days of receipt of the draft. The permittee shall provide eight copies of the final report to DOE within 30 days of receipt of comments on the draft report.
- l. During the conduct of permitted activities, DOE or its representatives will have access to the study area of this permit, and shall be allowed to inspect all artifacts or other materials collected, as well as field notes, photographs, and other records related to this permit.
- m. Improvements such as fencing shall be left in their original or improved condition.

8. (CONTINUED) Special conditions:

- n. Living trees and shrubs shall not be cut unless authorized by DOE.
- o. Possession of firearms on the permit area is prohibited.
- p. Burning within the permit area is prohibited. The permittee shall be held responsible for fire suppression costs for any fires caused through negligence of the permittee or his authorized representatives.
- q. Permittee shall deposit all artifacts, samples and collections, as applicable, and copies of all records, data, photographs, and other documents, resulting from work under this permit, with the curatorial facility named in the permit.
- r. Before undertaking any work on lands managed by the Fish and Wildlife Service, clearance should be obtained from the Office of the Regional Director and from the Refuge Manager in charge at the appropriate Fish and Wildlife Refuge. Possession or use of firearms in such areas is prohibited.
- s. Other special conditions continued on attached sheet(s).

SPECIAL CONDITIONS

1. Collection of cultural materials exposed on the ground surface shall be limited to temporally diagnostic artifacts useful for interpreting site history or in defining research potential. All cultural materials recovered from shovel test holes will be collected. Archaeological resources collected for purposes of analysis will be curated by AHS until acceptance of a final report of findings, at which time they will be transferred to DOE. Cultural materials removed from public lands under the provisions of this permit remain the property of the United States Government and may be recalled at any time for use by DOE.
2. Should Native American human remains be discovered in the project area, AHS personnel will ensure that the remains are secured *in situ*, and that Dee W Lloyd of DOE is contacted immediately. Work will be discontinued in the immediate area of the remains. Final treatment and disposition of the remains will be determined by DOE in consultation with the relevant tribes. AHS staff should use the attached draft inadvertent discovery report form. Questions about the form can be answered by contacting Dee W Lloyd at (509)372-2299.
3. Any reference to limiting the inadvertent discovery area to 5 meters in the *Archaeological Survey and Limited Testing Plan for a Proposed Sewage Lagoon at the SR 24: Vernita Rest Area, Benton County, Washington* shall be stricken and replaced with stipulations in special condition 2 of this permit.
4. AHS will provide a minimum of 3 day notice to the Nez Perce, Yakama Nation, Umatilla, and Wanapum Tribes prior to initiation of site activities.
5. AHS will consult with the Wanapum and provide opportunity for an on site monitor as requested by the Wanapum.

Hanford Cultural and Historic Resources Program HANFORD ARCHAEOLOGICAL ISOLATE FORM	
Permanent #: Temporary # HI- Plot/Project #:	Date recorded in field: Project Name:
ADMINISTRATIVE DATA	
1. Isolate Type:	<input type="checkbox"/> Historic <input type="checkbox"/> Prehistoric <input type="checkbox"/> Paleontologic <input type="checkbox"/> Other
2. Map Reference:	
3. Aerial Photo:	
4. Elevation:	_____ m (ft)
5. Township and T Range:	_____ N,R E, 1/4 of 1/4 of 1/4 of Section
6. UTM Zone 11	_____ m Northing _____ m Easting
7. Specific Location and Current Access to Isolate:	Hanford Site, access restricted.
8. Potential Hazards:	<input type="checkbox"/> Chemical <input type="checkbox"/> Radiological <input type="checkbox"/> Other:
Describe:	
9. Isolate Description: (Include type, cultural affiliation, age of if known, material type, measurements and distinguishing characteristics. Include a sketch map if collected. Draw if diagnostic. Include brief site description.)	
10. Disturbance at isolate location:	<input type="checkbox"/> Severely Impacted <input type="checkbox"/> Moderately Impacted <input type="checkbox"/> Not Impacted <input type="checkbox"/> Undetermined
11. Surface Collection/Method:	<input type="checkbox"/> None <input type="checkbox"/> Grab Sample <input type="checkbox"/> Designed Sample <input type="checkbox"/> Complete Collection
List artifacts collected:	
12. Photos:	<input type="checkbox"/> Color Print <input type="checkbox"/> Color Slide <input type="checkbox"/> Black/White Print Roll Number: Frame #:
13. List of Attachments:	<input type="checkbox"/> Topographic Map <input type="checkbox"/> Sketch Map of Isolate Location <input type="checkbox"/> Artifact Sketch <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Location of Artifacts and Records: Hanford Cultural Resource Laboratory, Richland, Washington.	
Field Recorder:	Date:
Assisting Team Members:	
Information also recorded in the field in field notebooks # and on _____ number of loose leaf pages.	
Compiled by:	Date:

Hanford Cultural and Historic Resources Program HANFORD ARCHAEOLOGICAL ISOLATE FORM	
Permanent #:	Date recorded in field:
Temporary #: HI-	
ENVIRONMENTAL DATA	
14. Distance to Permanent Water:	15. Name of Water Source:
16. Type of Water Source: <input type="checkbox"/> Spring/Seep <input type="checkbox"/> Stream/River <input type="checkbox"/> Lake <input type="checkbox"/> Other	
17. Topography – Describe:	
Slope:	Aspect:
Topographic Location: Check one under each heading	
18. Primary Landform: <input type="checkbox"/> Mountain Spine <input type="checkbox"/> Tableland/Mesa <input type="checkbox"/> Valley <input type="checkbox"/> Canyon <input type="checkbox"/> Hill <input type="checkbox"/> Ridge <input type="checkbox"/> Plain <input type="checkbox"/> Island	
Describe:	
19. Secondary Landform: <input type="checkbox"/> Cliff <input type="checkbox"/> Cave <input type="checkbox"/> Playa <input type="checkbox"/> Active Dune <input type="checkbox"/> Outcrop <input type="checkbox"/> Outcrop <input type="checkbox"/> Alcove/Rock Shelter <input type="checkbox"/> Bar <input type="checkbox"/> Stabilized Dune <input type="checkbox"/> Landslide/Slump <input type="checkbox"/> Ridge/Knoll <input type="checkbox"/> Mesa/Butte <input type="checkbox"/> Plain <input type="checkbox"/> Floodplain <input type="checkbox"/> Riser, Escarpment <input type="checkbox"/> Saddle/Pass <input type="checkbox"/> Terrace/Bench <input type="checkbox"/> Valley <input type="checkbox"/> Island <input type="checkbox"/> Slope <input type="checkbox"/> Ledge <input type="checkbox"/> Cutbank <input type="checkbox"/> Spring Mound/Bog <input type="checkbox"/> Other:	
Describe:	
20. On-Site Depositional Context: <input type="checkbox"/> Talus <input type="checkbox"/> Flood Plain <input type="checkbox"/> Eolian <input type="checkbox"/> Bergmound <input type="checkbox"/> Outcrop <input type="checkbox"/> Stream bed <input type="checkbox"/> Playa <input type="checkbox"/> Dune <input type="checkbox"/> Marsh <input type="checkbox"/> Landslide/Slump <input type="checkbox"/> Stream/Terrace <input type="checkbox"/> Fan <input type="checkbox"/> Alluvial Plain <input type="checkbox"/> Other: <input type="checkbox"/> Colluvium <input type="checkbox"/> None	
Describe:	
21. Surface Sediments:	
22. Vegetation: <input type="checkbox"/> Shrub-Steppe <input type="checkbox"/> Riparian <input type="checkbox"/> Bare Ground <input type="checkbox"/> Former Agricultural <input type="checkbox"/> Other	
% ground visibility:	
Describe and list species:	
List possible known plant resources:	
23. Animals Observed/Inferred:	
24. Comments:	
Field Recorder:	Date:
Compiled by:	Date:

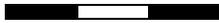
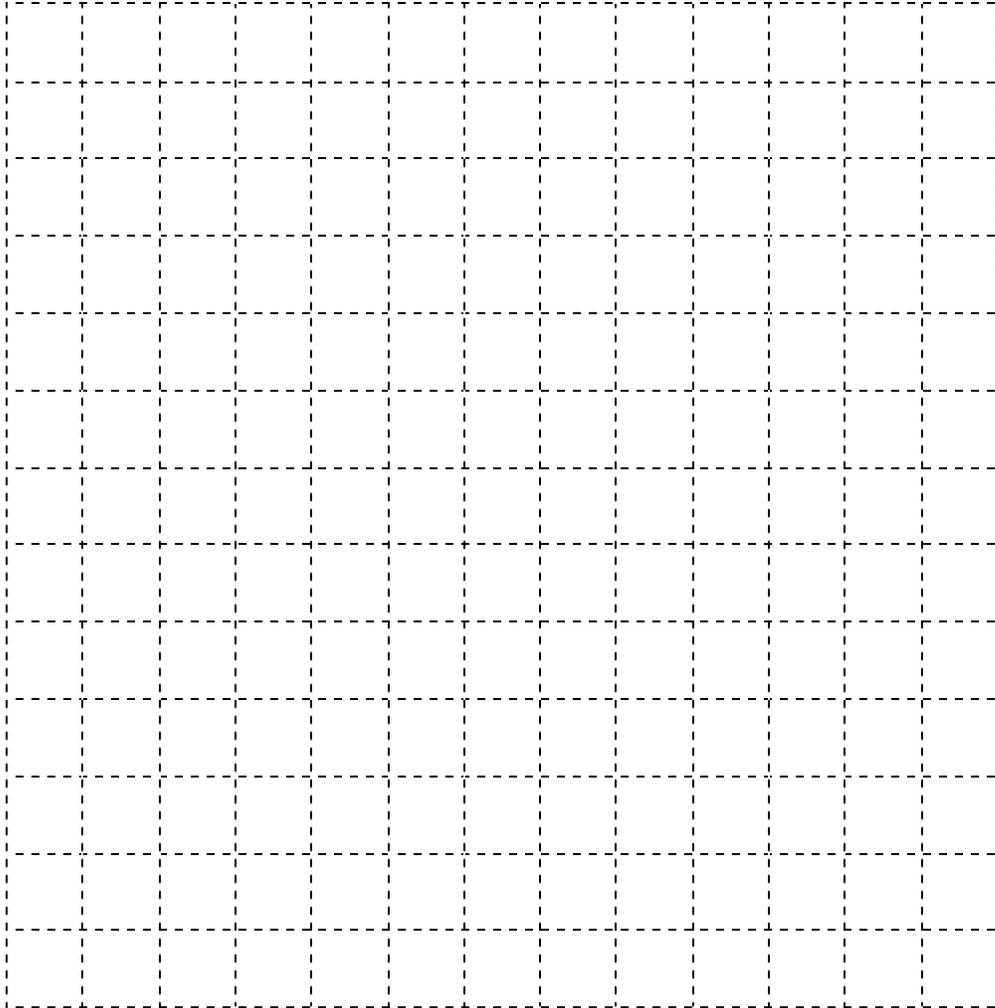
Hanford Cultural and Historic Resources Program
HANFORD ARCHAEOLOGICAL ISOLATE FORM

Permanent #: _____

Date recorded in field _____

Temporary #: HI-_____

4.1 SKETCH MAP



Scale in meters

Field Recorder: _____

Date: _____

Compiled by: _____

Date: _____

Hanford Cultural and Historic Resources Program HANFORD ARCHAEOLOGICAL SITE FORM	
Permanent #: Temporary #: HT-	Date recorded in field:
ENVIRONMENTAL DATA	
15. Distance to Permanent Water:	16. Name of Water Source:
17. Type of Water Source: <input type="checkbox"/> Spring/Seep <input type="checkbox"/> Stream/River <input type="checkbox"/> Lake <input type="checkbox"/> Other	
18. Topography – describe:	
Slope:	Aspect:
Topographic Location: Check one under each heading	
19. Primary Landform: <input type="checkbox"/> Mountain Spine <input type="checkbox"/> Tableland/mesa <input type="checkbox"/> Valley <input type="checkbox"/> Canyon <input type="checkbox"/> Hill <input type="checkbox"/> Ridge <input type="checkbox"/> Plain <input type="checkbox"/> Island	
Describe:	
20. Secondary Landform: <input type="checkbox"/> Cliff <input type="checkbox"/> Cave <input type="checkbox"/> Playa <input type="checkbox"/> Active Dune <input type="checkbox"/> Alluvial fan <input type="checkbox"/> Outcrop <input type="checkbox"/> Alcove/Rock Shelter <input type="checkbox"/> Bar <input type="checkbox"/> Stabilized Dune <input type="checkbox"/> Ephemeral Wash <input type="checkbox"/> Ridge/knoll <input type="checkbox"/> Mesa/butte <input type="checkbox"/> Plain <input type="checkbox"/> Floodplain <input type="checkbox"/> Riser, Escarpment <input type="checkbox"/> Saddle/pass <input type="checkbox"/> Terrace/bench <input type="checkbox"/> Valley <input type="checkbox"/> Island <input type="checkbox"/> Slope <input type="checkbox"/> Ledge <input type="checkbox"/> Cutbank <input type="checkbox"/> Spring Mound/bog <input type="checkbox"/> Other:	
Describe:	
21. On-Site Depositional Context: <input type="checkbox"/> Talus <input type="checkbox"/> Flood Plain <input type="checkbox"/> Eolian <input type="checkbox"/> Bergmound <input type="checkbox"/> Outcrop <input type="checkbox"/> Stream bed <input type="checkbox"/> Playa <input type="checkbox"/> Dune <input type="checkbox"/> Marsh <input type="checkbox"/> Landslide/slump <input type="checkbox"/> Stream/terrace <input type="checkbox"/> Fan <input type="checkbox"/> Alluvial Plain <input type="checkbox"/> Other: <input type="checkbox"/> Colluvium <input type="checkbox"/> None	
Describe:	
22. Surface Sediments:	
23. Vegetation: <input type="checkbox"/> Shrub-Steppe <input type="checkbox"/> Riparian <input type="checkbox"/> Bare Ground <input type="checkbox"/> Former Agricultural <input type="checkbox"/> Other % ground visibility:	
Describe and list species:	
List possible known plant resources:	
24. Animals Observed/Inferred:	
25. Site Dimensions: m by m Site Area: sq m	
26. Estimated Depth of Fill: <input type="checkbox"/> Surface <input type="checkbox"/> 0-20 cm <input type="checkbox"/> 20-100 cm <input type="checkbox"/> 100+ cm <input type="checkbox"/> Fill noted but unknown	
How estimated and describe:	
Field Recorder:	Date:
Compiled by:	Date:

Hanford Cultural and Historic Resources Program HANFORD ARCHAEOLOGICAL SITE FORM				
Permanent #:		Date recorded in field:		
Temporary #: HT-				
PREHISTORIC INFORMATION				
27. Site Type:				
28. Cultural Affiliation:				
29. Total number of artifacts:		Maximum Density of Cultural Material on surface:		per 1 sq m.
30. Summary of Artifacts and Debris:				
<input type="checkbox"/> Edge ground Cobble	<input type="checkbox"/> Pestle	<input type="checkbox"/> Flaked Cobble	<input type="checkbox"/> Cobble chopper	<input type="checkbox"/> Anvil Stone
<input type="checkbox"/> Micro Blade	<input type="checkbox"/> Biface	<input type="checkbox"/> Pecked Stone	<input type="checkbox"/> Net Weight	<input type="checkbox"/> Modified Spall
<input type="checkbox"/> Modified Flake	<input type="checkbox"/> Faunal material	<input type="checkbox"/> Blade	<input type="checkbox"/> Projectile Point	<input type="checkbox"/> Tabular Knife
<input type="checkbox"/> Fire Cracked Rock	<input type="checkbox"/> Isolated Artifact	<input type="checkbox"/> Charred Bone	<input type="checkbox"/> Shell	<input type="checkbox"/> Organic Remains
		<input type="checkbox"/> Hammer Stone	<input type="checkbox"/> Core	<input type="checkbox"/> Drill
<input type="checkbox"/> Milling Stone	<input type="checkbox"/> Lithic Debitage	<input type="checkbox"/> Scrapper	<input type="checkbox"/> Bead	<input type="checkbox"/> Other (list):
Describe:				
31. Lithic Debris on Surface – Estimated Total:				
<input type="checkbox"/> None	<input type="checkbox"/> 1-9	<input type="checkbox"/> 10-25	<input type="checkbox"/> 25-100	<input type="checkbox"/> 100-500
				<input type="checkbox"/> 500+
32. Material Type:				
<input type="checkbox"/> Cryptocrystalline Silica	<input type="checkbox"/> Not Present	<input type="checkbox"/> Basalt	<input type="checkbox"/> Rare	<input type="checkbox"/> Petrified wood
			<input type="checkbox"/> Common	<input type="checkbox"/> Obsidian
				<input type="checkbox"/> Dominant
				<input type="checkbox"/> Other:
Describe:				
33. Flaking Stages:				
<input type="checkbox"/> Decortication	<input type="checkbox"/> Not Present	<input type="checkbox"/> Secondary	<input type="checkbox"/> Rare	<input type="checkbox"/> Tertiary
			<input type="checkbox"/> Common	<input type="checkbox"/> Scatter
				<input type="checkbox"/> Dominant
				<input type="checkbox"/> Core
Describe:				
34. Describe Features (locate on site map):				
<input type="checkbox"/> Hunting Blind	<input type="checkbox"/> Midden	<input type="checkbox"/> Depression	<input type="checkbox"/> Bergmound	<input type="checkbox"/> Other:
<input type="checkbox"/> Hearth/Fire Pit	<input type="checkbox"/> Rock Shelter	<input type="checkbox"/> Burial	<input type="checkbox"/> Marsh	
<input type="checkbox"/> FCR Concentration	<input type="checkbox"/> House Pit	<input type="checkbox"/> Petroglyph		
<input type="checkbox"/> Rock Alignment	<input type="checkbox"/> Talus Pit	<input type="checkbox"/> Calm		
Describe:				
Field Recorder:		Date:		
Compiled by:		Date:		

Hanford Cultural and Historic Resources Program HANFORD ARCHAEOLOGICAL SITE FORM						
Permanent #: Temporary #:			Date recorded in field:			
HISTORIC INFORMATION						
35. Site Type:						
36. Historic theme:						
37. Summary of Artifacts and Debris:	<input type="checkbox"/> Glass(flat)	<input type="checkbox"/> Butchered Bone	<input type="checkbox"/> Milled Lumber	<input type="checkbox"/> Wood	<input type="checkbox"/> Feature(s)	<input type="checkbox"/> Others:
	<input type="checkbox"/> Glass(bottle)	<input type="checkbox"/> Organics	<input type="checkbox"/> Nails	<input type="checkbox"/> Ammunition		
	<input type="checkbox"/> Ceramics	<input type="checkbox"/> Fabric	<input type="checkbox"/> Metal	<input type="checkbox"/> Wire		
	<input type="checkbox"/> Cans	<input type="checkbox"/> Leather	<input type="checkbox"/> Concrete	<input type="checkbox"/> Rubber		
Describe:						
38. Ceramic Artifacts:			Total # (estimated):			
#	Type	Paste	Glaze/Slip	Decoration	Pattern	Vessel Form(s)
Describe and/or Sketch Trademarks:						
Field Recorder:			Date:			
Compiled by:			Date:			

Hanford Cultural and Historic Resources Program HANFORD ARCHAEOLOGICAL SITE FORM							
Permanent #: Temporary #:				Date recorded in field:			
39. Glass:						Total # (estimated):	
#	Manufacture	Color	Function	Trademarks	Decoration		
Describe and/or Sketch Trademarks:							
40. Cans:						Total # (estimated):	
#	Manufacture	Height	Diameter	End Seam	Side Seam	Opening Style	Condition
Describe and/or sketch trademarks:							
Field Recorder:				Date:			
Compiled by:				Date:			

Hanford Cultural and Historic Resources Program HANFORD ARCHAEOLOGICAL SITE FORM	
Permanent #: Temporary #	Date recorded in field:
41. Non-architectural features (locate on site map):	
<input type="checkbox"/> Cemetery/Burial <input type="checkbox"/> Ditch <input type="checkbox"/> Hearth/Campfire <input type="checkbox"/> Quarry/borrow pit <input type="checkbox"/> Tailings <input type="checkbox"/> Other: <input type="checkbox"/> Dam, Earthen <input type="checkbox"/> Dump <input type="checkbox"/> Inscriptions <input type="checkbox"/> Railroad grade/bed <input type="checkbox"/> Trail/Road <input type="checkbox"/> Depression <input type="checkbox"/> Fence line <input type="checkbox"/> Rock Alignment	
Describe:	
42. Architectural Features (locate on site map):	
<input type="checkbox"/> Dugout <input type="checkbox"/> Wall <input type="checkbox"/> Cribbing <input type="checkbox"/> Well <input type="checkbox"/> Cairn <input type="checkbox"/> Other <input type="checkbox"/> Foundation <input type="checkbox"/> Fence <input type="checkbox"/> Outhouse <input type="checkbox"/> Cistern <input type="checkbox"/> Dam, non-earthen <input type="checkbox"/> Flume <input type="checkbox"/> Single-room structure <input type="checkbox"/> Root cellar <input type="checkbox"/> Coral <input type="checkbox"/> Railroad tracks <input type="checkbox"/> Utility pole <input type="checkbox"/> Multiroom structure <input type="checkbox"/> Oven <input type="checkbox"/> Loading chute <input type="checkbox"/> Pipeline <input type="checkbox"/> Irrigation canal/facilities	
Describe:	
43. Comments/Continuations:	
Field Recorder:	Date:
Compiled by:	Date:

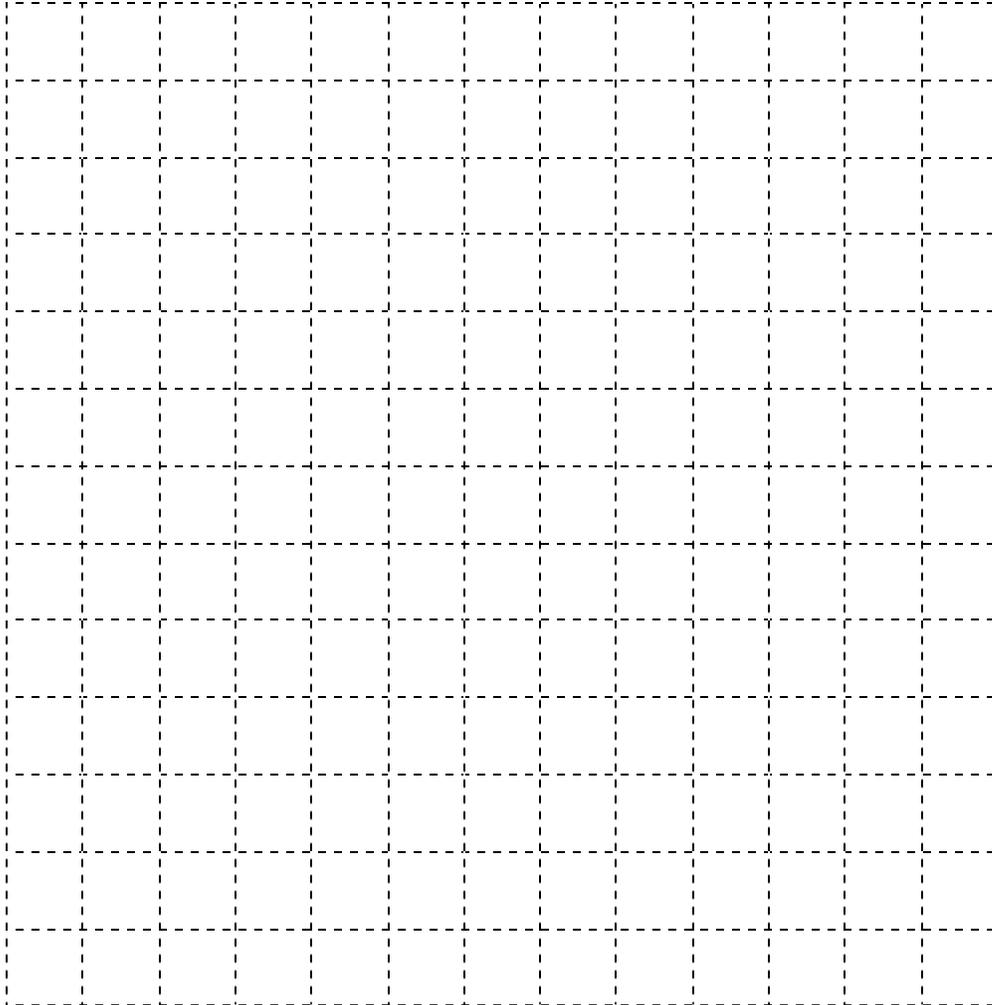
Hanford Cultural and Historic Resources Program
HANFORD ARCHAEOLOGICAL SITE FORM

Permanent #: _____

Date recorded in field _____

Temporary #: HT-_____

SKETCH MAP



Scale in meters

Field Recorder: _____

Date: _____

Compiled by: _____

Date: _____

HANFORD ARCHAEOLOGICAL SITE MONITORING FORM

MANAGEMENT

1. Site Number WA: _____ 2. Monitor Session: FY01 3. Date: _____
 4. River Mile: RM 5. Bank (E/W/N/S): _____ 6. Access: _____
 7. Site Type/Monitoring Type: _____ / _____
 8. Monitor(s): _____ 9. Time to Monitor: Hours / People
 10. Participants: _____
 11. UTM Points to Monitor:
 Feature Name: _____ m. Easting _____ m. Northing
 Feature Name: _____ m. Easting _____ m. Northing
 Feature Name: _____ m. Easting _____ m. Northing

PHYSICAL IMPACTS:

0 = Absent; 1 = Present; 2 = Increase; 3 = Decrease; 4 = NA (for table items)

Impact Type	Buildings / Structures	Artifacts	Hearths / Ovens	Midden / FCR Layer	House Pit	Other
Surface Erosion (0-10 cm)						
Gullyng (10-100 cm)						
Channel Cutting (>1 m)						
Bank Slumpage						
Bank Loss						
Eolian /Alluvial Erosion / Deposition						
Animal - Caused Erosion (trails, burrows)						
Other Natural Impacts						

12. If channels or gullies are present, do they drain to the river? (Note: some drainages die out in dune fields or on terraces before reaching the river.) 0 = no; 1 = yes; 2 = NA: _____
 13. Do any of the above impacts appear to have occurred since the last monitoring episode? 0 = no; 1 = yes. If yes, explain in Number 14. _____
 14. Comments:

Photos: Roll # _____ Frame #: _____
 Roll # _____ Frame #: _____
 Roll # _____ Frame #: _____

Digital Photos: _____

Videotape #: _____ Frame #: _____

VISITOR RELATED IMPACTS

Site Number: _____
 Monitor Session: FY01

0 = Absent; 1 = Present; 2 = Increase; 3 = Decrease; 4 = NA (for table items)

	Buildings / Structures	Artifacts	Hearths / Ovens	Midden / FCR Layer	House Pit	Other
Visitor Impacts						

- 15. Collection Piles: If present explain in 21. _____
- 16. Trails: If present, explain in 21. _____
- 17. On-site Camping: If present, explain in 21. _____
- 18. Criminal vandalism / ARPA violations: If present, explain in 21. _____
- 19. Visitor-related impacts since last monitoring: _____
- 20. Are any visitor-related impacts directly related to river fluctuations?
 0 = no; 1 = yes. If yes, explain in 25 (i.e., development of new trails to avoid high water, availability of new beaches in proximity of site). _____
- 21. Comments:

MANAGEMENT ASSESSMENT AND RECOMMENDATION

- 22. Monitor Schedule: 1) discontinue 2) semiannual 3) annual 4) biennial
 5) 3 to 5 years 6) inactive 7) seasonal
- 23. Recommended measures to reduce site impacts: 0 = no; 1 = yes
 Plant Vegetation _____ Obliterate Road _____ Other _____
- 24. Recommended measures to protect the site's integrity: 0 = no; 1 = yes
 Surface Collect entire site _____ Test for depth of subsurface cultural deposits _____
 Map as a form of data recovery _____ Data Recovery _____
- 25. Comments: (i.e., surface sample unit)

SUMMARY: Check each impact/threat that describes conditions seen in this year's monitoring visit.

ARPA _____ Recreation _____ Erosion _____

HANFORD ARCHAEOLOGICAL SURVEY FORM

Page ___ of ___

HCRC #
Project Name:

Date:
Start time: Finish time:

Map Reference: Weather Conditions:

Scale: T__N, R__E ___ 1/4 of ___ 1/4
of ___ 1/4 of Section:

Aerial Photo #: Elevation:

UTM Zone:

m. Easting: _____ m. Northing: _____
m. Easting: _____ m. Northing: _____
m. Easting: _____ m. Northing: _____
m. Easting: _____ m. Northing: _____

General Location and Access:

Description and Area of Project:

Survey Strategy and Area Surveyed:

Topography and Previous Disturbance:

Surface Sediments:

Ground Cover (%): Plant Type/Communities:

Name /Distance to Permanent Water:

Animals Observed/Inferred:

Archaeological Sites Recorded:

Attachments:

Recorder: Field Book No.: Pg. #s:
Team Members: Field Book No.: Pg. #s:
Field Book No.: Pg. #s:

HANFORD ARCHAEOLOGICAL SURVEY FORM

Page ___ of ___

Sketch map:

Comments:

HANFORD CONSTRUCTION MONITORING FORM

1. Project Number: _____ 2. Project Name: _____ 3. Date: _____
4. Monitor(s) Name: _____
5. Participant(s): _____
6. Job Site Contact: _____ 7. Phone Number: _____

Location & Dimensions (Length x Width x Height) of Excavation:

Project Description:

Excavation Technique (Include types of equipment used):

Sediment Description (If sediment is fill, explain why):

Techniques used to monitor excavations:

Reasoning used to determine level of monitoring effort:

Cultural materials observed:

Additional Notes:

Sketch maps of the excavation and sidewalls:

U.S. Department of Energy, Richland Operations Office
Cultural and Historic Resources Program

Hanford Inadvertent Discovery Report Form Cover Page

___ Human Remains: ___ Recent ___ Non-Recent

___ Non-Human Remains

1. Date, time and place of inadvertent discovery: _____

2. Name(s) of field investigators: _____

3. Number and type of remains identified (total from Adult Skeleton Recording Form): _____

4. Repository of remains: _____

Contact Person: _____ Phone#: _____

Notifications:

5. Program Officer contacted: _____
Name Date Comments

6. Federal Preservation Officer contacted: _____
Name Date Comments

7. County Coroner contacted: _____
Name Date Comments

8. Law Enforcement contacted: _____
Name Date Case #

9. CTUIR: _____
Name Date Comments

10. Nez Perce Tribe: _____
Name Date Comments

11. Yakama Indian Nation: _____
Name Date Comments

12. Wanapum: _____
Name Date Comments

13. Recommendations:

14. Date the recommendations were implemented: _____

12. Date that the site was fully recorded in the field: _____

13. Date of reinternment: _____ Place: _____

Date of restoration: _____

14. Legal Description (if remains are found in the field):

___ 1/4 of ___ 1/4 of ___ 1/4 of, Section ____, Township ____, Range ____

UTM: Zone _____ m; _____ m

GPS Location: _____

USGS Quad. Name: _____, Series: 7.5 Min. Date _____

Locking Shelves Access Log Sheet

Date/Time of Entry	Responsible HCRL Staff Member (Print Name)	HCRL Staff Witness/Escort (Print Name)	Reason for Access	Time of Closure

Hanford Cultural And Historic Resources Program

Photo Log

Color Slide _____ Color Print _____ B&W _____ ASA _____ Roll # _____

Exposure #	HCRC Project #	Subject (include site, isolate # if appropriate)	Direction of view	Date	Photographer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

COMMENTS

Exhibit C
**Hanford Cultural and Historic Resources Program
Photograph Release Form**

Project Title: _____ **Project No.:** 11930

Date(s) of Project: _____

Principal Investigator: _____ **Phone No.:** _____

You are being invited to participate in research with the Hanford Cultural Resources Laboratory.

This research may involve the following:

Recordings of you for project files, reports, and databases in the form(s) of:

- Photographs
- Slides
- Video tapes
- Other media currently developed (e.g., electronic photos including internet access) or developed in the future

Photographic media which may be available to the following groups or individuals:

- Hanford Site staff
- Non-Hanford Site staff
- The public
- DOE or other sponsoring agency

Photographic media which may be used for:

- Public programming
- Placement on the Internet
- Publication

All original photographic media will be housed by the program and will be available for your inspection upon request.

By consenting to participate in this research you hereby authorize the Cultural and Historic Resources Program to use any information gathered during this research for the purposes listed above.

Printed Name of Principal Investigator

Signature of P.I.

Date

Hanford Cultural and Historic Resources Program

Hanford Readiness Review Checklist

1. **Client Notification** (Is client aware of this work?)
2. **Program Staff Notification** (Are Program Staff aware of the work?)
3. **Tribal Notification** (Have tribes been notified/invited)
4. **Regulatory Issues** (Does something need to be done? What has been done? What will be done?)
5. **Chain of command.** (Who's the crew chief, task lead, etc.)
6. **Logistics** (who's going? how are you going? Are you going to send daily emails saying generally where you expect to be?)
7. **Supplies List** (prepare a separate list with things such as cell phone, field notebooks, field equipment, Unanticipated Discovery Forms, ARPA Procedures, Site forms with site maps, Photo release form, background material.
8. **Health and Safety Issues.** When is the safety meeting? What is the fire plan, Water cooler Do not split up in such a way that anyone is left alone. Everyone needs to stick together. Emergency Drill Sirens, shovel and emergency equipment in back?)
9. **Background Research** (what has been done? aerials, GLOs, sites in area, oral history contacts)
10. **Field Methods** – (What are your basic methods to be used? Survey recording forms (Daily) for tracking digitals, field notes and sites recorded that day. Training of students in field)
11. **Variations in Procedures.** (Document in a letter to file)
12. **Funding** (what's the budget? What charge codes are you charging to?)
13. **Expectations** (What are you expecting to find?)

RL-655	REQUEST FOR CULTURAL AND/OR ECOLOGICAL RESOURCES REVIEW FOR THE HANFORD SITE		Review Tracking Number
ERC Projects (BHI, CH2M Hill)		All Other Hanford Projects (PHMC, PNNL, Other)	
Direct Form and Cultural Resource Questions To: Tom Marceau Phone 372-9289 Fax 372-9654 MSIN H0-23		Direct All Forms and Cultural Resource Questions To: Ellen Prendergast Phone 376-4626 Fax 373-2958 MSIN K6-75	
Direct Form and Ecological Resource Questions To: Ken Gano Phone 372-9316 Fax 372-9654 MSIN H0-23		Direct Ecological Resource Questions To: Mike Sackschewsky Phone 376-2554 Fax 372-3515 MSIN K6-85	
Date Sent:		Date Findings Requested By:	
Primary Contact:		Company/Organization:	
E:mail:			
Telephone:		Fax: MSIN	
Secondary Contact:		Company/Organization	
Telephone:		Fax: MSIN:	
Project Name:			
Project Number/COA:			
RL Project Manager:			
REQUESTOR SHOULD SUBMIT A COPY OF THIS REQUEST TO THE RL PROJECT MANAGER UNDER WHOM THEIR PROJECT FALLS WITHIN 5 DAYS.			
Project Description, including Time Period over which proposed action will occur:			
Project Dimensions:			
Depth of Excavation(s):			
Project Location:			
<input type="checkbox"/> 100 Area <input type="checkbox"/> 200 West Area <input type="checkbox"/> 400 Area <input type="checkbox"/> 700 Area <input type="checkbox"/> Other:			
<input type="checkbox"/> 200 East Area <input type="checkbox"/> 300 Area <input type="checkbox"/> 600 Area			
Township _____ N		Range _____ E	
		UTM: Easting _____ Northing: _____	
Please also provide the following:			
1. Overview map showing project location (or other suitable map to assist in finding the project site)			
1. Map or scale drawing showing all excavation areas (including water, sewer, and power lines, etc.), parking, topsoil storage areas, equipment staging areas, access roads, and utility corridors.			
Submitted By:			Telephone:

HANFORD CULTURAL AND HISTORIC RESOURCES PROGRAM
UNIT/FEATURE LEVEL RECORD

Site: _____ Grid Unit: North _____ West _____ Unit Level Form _____ Feature Level Form _____
 Level: Number _____ Type _____ Feature: Number _____ Type _____
 Depth: Top _____ Bottom _____ Photographs: Roll # _____ Exposure _____
 Unit Datum Location (▲): _____ Unit Datum Elevation (with respect to Site Datum): _____
 Screen size: 1/8" _____ Other _____ Screening method: Dry _____ Wet _____

cm below Unit Datum												Legend	
Top	Bottom											NE	Not Excavated
A	_____											Cobble/boulder	
B	_____											Fire-cracked rock	
C	_____	b Bone											
D	_____	s _r Shell											
Unit Size		Charcoal, burned wood											
0.5 m	_____	Charcoal flecks											
1.0 m	_____	Stains											
Other	_____	Burnt soil											
		Volcanic ash											
		Wood ash											
		Krotovina											
		Sample (specify type)											

Dominant Soil Matrix: Gravel Sand Silt Clay Volcanic ash Other
Describe: _____

Field Catalogue

No.	Elev. below unit datum	Description	No.	Elev. below unit datum	Description
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

Excavator: _____

Screener: _____

Recorder: _____

Date: _____

Exhibit B
**Hanford Cultural and Historic Resources Program
Informed Consent Form**

Project Title:		Project No.: 11930
PNNL IRB No.:	IRB#99-5	Sponsor: U.S. Department of Energy
Date(s) of Project:		
Principal Investigator:		Phone No.:
Organization:		Location:
Other Investigators:		Phone No.:
Organization:		Location:

1. PURPOSE OF THIS RESEARCH STUDY

You are being invited to participate in research with the Hanford Cultural Resources Laboratory. The purpose of this research is to _____. See attached project information sheet(s).

2. PROCEDURES

This research may involve the following:

Recording of personal identifying information about you for project files, reports, and databases in the form(s) of:

- Audio and/or Video tapes
- Written field notes, forms, or reports

Information which may include:

- Family history
- Interpretation of cultural places
- Identifiable private information

Information which may be available to the following groups of individuals:

- HCRL staff
- Non-HCRL Hanford Site staff
- The public
- DOE or other sponsoring agency

Information which may be used for:

- Public programming
- Placement on the Internet
- Publication
- Other related research

**Hanford Cultural and Historic Resources Program
Informed Consent Form (continued)**

3. POSSIBLE RISKS OR DISCOMFORTS

Potential discomfort from the interview process may include:

- Emotional discomfort
- Physically tired

In the event that you become either physically tired or emotional and wish to discontinue the interview, the researcher will comply until you are able or wish to continue.

4. POSSIBLE BENEFITS

On an individual basis as well as for society, you would be making a contribution to the preservation of cultural resources.

5. COMPENSATION

No payments in cash or in kind are offered to you for your participation.

6. POSSIBLE COSTS TO YOU

None

7. CONFIDENTIALITY

Your identity in this study will be treated as PRIVATE. The results of the study, including data, may be published for scientific purposes but will not include your name or any identifiable references to you.

However, any records or data obtained as a result of your participation in this study may be inspected by the sponsor, by any relevant governmental agency (e.g., U.S. Department of Energy), by the PNNL Institutional Review Board, or by the persons conducting this study (provided that such inspectors are legally obligated to protect any identifiable information from public disclosure, except as otherwise required by law). These records will be kept PRIVATE in so far as permitted by law.

8. TERMINATION OF RESEARCH STUDY

You are free to choose whether or not to participate in this study. You are also free to discontinue your participation in this study at any time.

9. AVAILABLE SOURCES OF INFORMATION

Any questions you may have about this study will be answered by the Principle Investigator (see top of page one).

Any questions you may have about your rights as a research subject will be answered by the PNNL Institutional Review Board Administrator, Phone No. (509) 375-3610.

**Hanford Cultural and Historic Resources Program
Informed Consent Form (continued)**

10. AUTHORIZATION

I have read and understand this consent form, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to preempt any applicable federal, state, or local laws regarding informed consent. I also understand that I am free to discontinue my participation at any time.

SUBJECT VOLUNTEER

Name of Subject (Printed or Typed)

Signature of Subject

Date

Time

PERSON OBTAINING CONSENT:

I, _____ (Print or Type), verify I have discussed this research study, its objectives, methods, associated risks, and benefits with the subject volunteer or their legal representative and have fully answered all questions to their satisfaction.

Signature of Person Obtaining Consent

Date

Time

HISTORIC PROPERTY INVENTORY FORM

State of Washington, Department of Community Development
Office of Archaeology and Historic Preservation
111 21st Avenue Southwest, Post Office Box 48343
Olympia, Washington 98504-8343 (206)753-4011

IDENTIFICATION SECTION

Field Site No. _____ **OAHF No.** _____ **Date Recorded** _____
 Site Name Historic _____
 Common _____
 Field Recorder _____
 Owner's Name _____
 Address _____
 City/State/Zip Code _____

LOCATION SECTION

Address _____
 City/Town/County/Zip Code _____
 Twp. _____ Range _____ Section _____
 Acreage _____
 Quadrangle or map name _____
 UTM References Zone _____ Easting _____ Northing _____
 Plat/Block/Lot _____
 Supplemental Map(s) _____

Status

Survey/Inventory
 National Register
 State Register
 Determined Eligible
 Determined Not Eligible
 Other (HABS, HAER, NHL)
 Local Designation

Photography

Photography Neg. No. _____
 (Roll No. & Frame No.) _____
 View of _____
 Date _____

Classification District Site Building Structure Object
District Status NR SR
Contributing Non-Contributing
 District/Thematic Nomination No. _____

Description Section

Materials & Features/Structural Types
 Building Type _____
 Plan _____
 Structural System _____
 No. of Stories _____

Roof Type
 Gable Hip
 Flat Pyramidal
 Monitor Other (specify) _____
 Gambrel
 Shed

Cladding (exterior Wall Surfaces)

Log
 Horizontal Wood Siding
 Rustic/Drop
 Clapboard
 Wood Shingle
 Board and Batten
 Vertical Board
 Asbestos/Asphalt
 Brick
 Stone
 Stucco
 Terra Cotta
 Concrete/Concrete Block
 Vinyl/Aluminum Siding
 Metal (specify) _____
 Other (specify) _____

Roof Material
 Wood Shingle
 Wood Shake
 Composition
 Slate
 Tar/Built-up
 Tile
 Metal (specify) _____
 Other (specify) _____
 Not visible

Foundation

Log Concrete
 Post & Pier Block
 Stone Poured
 Brick Other (specify) _____
 Not visible

High Styles/Forms (Check one or more of the following)

<input type="checkbox"/> Greek Revival	<input type="checkbox"/> Spanish Colonial Revival/Mediterranean
<input type="checkbox"/> Gothic Revival	<input type="checkbox"/> Tudor Revival
<input type="checkbox"/> Italianate	<input type="checkbox"/> Craftsman/Arts & Crafts
<input type="checkbox"/> Second Empire	<input type="checkbox"/> Bungalow
<input type="checkbox"/> Romanesque Revival	<input type="checkbox"/> Prairie Style
<input type="checkbox"/> Stick Style	<input type="checkbox"/> Art Deco/Art Moderne
<input type="checkbox"/> Queen Anne	<input type="checkbox"/> Rustic Style
<input type="checkbox"/> Shingle Style	<input type="checkbox"/> International Style
<input type="checkbox"/> Colonial Revival	<input type="checkbox"/> Northwest Style
<input type="checkbox"/> Beaux Arts/Neoclassical	<input type="checkbox"/> Commercial Vernacular
<input type="checkbox"/> Chicago/Commercial Style	<input type="checkbox"/> Residential Vernacular (see below)
<input type="checkbox"/> American Foursquare	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Mission Revival	

Integrity (Include detailed description in **Description of Physical Appearance**)

	Intact	Slight	Moderate	Extensive
Changes to plan _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes to windows _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes to original cladding _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes to interior _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vernacular House Types

Gable Front Cross Gable
 Gable Front and Wing Pyramidal/Hipped
 Side Gable Other (specify) _____

QuickTime™ and a
Photo - JPEG decompressor
are needed to see this picture.

NARRATIVE SECTION

Study Unit Themes (check one or more of the following)

- Agriculture
- Architecture/Landscape Architecture
- Arts
- Commerce
- Communications
- Community Planning/Development

- Conservation
- Education
- Entertainment/Recreation
- Ethnic Heritage (specify) _____
- Health/Medicine
- Manufacturing/Industry
- Military

- Politics/Government/Law
- Religion
- Science & Engineering
- Social Movements/Organizations
- Transportation
- Other (specify) _____
- Study Unit Sub-Theme** _____

Statement of Significance

Date of Construction _____ Architect/Engineer/Builder _____

- In the opinion of the surveyor, this property appears to meet the criteria of the National Register of Historic Places.
- In the opinion of the surveyor, this property is located in a potential historic district (National and/or local).

Description of Physical Appearance

Major Bibliographic References

United States Department of the Interior National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name

other names/site number

2. Location

street & number not for publication

city or town vicinity

state Washington code WA county code zip code

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1986, as amended, I hereby certify that this nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property meets does not meet the National Register criteria.

I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments.)

Signature of certifying official

Date

Allyson Brooks, State Historic Preservation Officer

State or Federal agency and bureau

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments.)

Signature of commenting or other official

Date

State or Federal agency and bureau

4. National Park Service Certification

I, hereby, certify that this property is:

entered in the National Register.

See continuation sheet

determined eligible for the National Register. See continuation sheet

determined not eligible for the National Register.

removed from the National Register.

other, (explain):

Signature of Keeper

Date of Action

Property Name

County and State _____

5. Classification

Ownership of Property	Category of Property	No. of Resources within Property	
<input type="checkbox"/> private	<input type="checkbox"/> building(s)	contributing	noncontributing
<input type="checkbox"/> public-local	<input type="checkbox"/> district	—	<input type="checkbox"/> buildings
<input type="checkbox"/> public-State	<input type="checkbox"/> site	—	<input type="checkbox"/> sites
<input type="checkbox"/> public-Federal	<input type="checkbox"/> structure	—	<input type="checkbox"/> structures
	<input type="checkbox"/> object	—	<input type="checkbox"/> objects
		—	<input type="checkbox"/> Total

Name of related multiple property listing:
(Enter "N/A" if property is not part of a

No. of contributing resources previously multiple property listing.) listed in the National Register:

6. Functions or Use

Historic Functions
(Enter categories from instructions.)

Current Functions
(Enter categories from instructions.)

7. Description

Architectural Classification
(Enter categories from instructions.)

Materials
(Enter categories from instructions.)

foundation

walls

roof

other

Narrative Description (Describe the historic and current condition of the property on one or more continuation sheets.)

USDI/NPS NRHP Registration Form

Property Name

County and State _____

Page 3

8. Statement of Significance

Applicable National Register Criteria (Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B Property is associated with the lives of persons significant in our past.
- C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations (Mark "x" in all the boxes that apply.)

- A owned by a religious institution or used for religious purposes.
- B removed from its original location.
- C a birthplace or a grave.
- D a cemetery.
- E a reconstructed building, object, or structure.
- F a commemorative property.
- G less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance
(Enter categories from instructions.)

Period of Significance

Significant Dates

_____	_____
_____	_____
_____	_____

_____	Cultural Affiliation

Significant Person	Architect/Builder

Narrative Statement of Significance (Explain the significance of the property on one or more continuation sheets.)

USDI/NPS NRHP Registration Form

Property Name

County and State _____

Page 4

9. Major Bibliographical References

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey # _____
- recorded by Historic American Engineering Record # _____

Primary location of additional data:

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University
- Other

Specify repository:

10. Geographical Data

Acreage of property

UTM References

1 3 Zone Easting Northing Zone Easting Northing

2 4

See continuation sheet

Verbal Boundary Description (Describe the boundaries of the property on a continuation sheet.)

Boundary Justification (Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title _____ date _____
 organization _____ street & number _____ telephone _____
 city or town _____ state _____ zip code _____

Additional Documentation

Submit the following items with the completed form:
Continuation Sheets

Maps

- A USGS map (7.5 or 15 minute series) indicating the property's location.
- A sketch map for historic districts and properties having large acreage or numerous resources.

Photographs

Representative black and white photographs of the property.

Additional items (Check with the SHPO or FPO for any additional items.)

Property Owner (Complete this item at the request of SHPO or FPO.)

name _____
 street & number _____ telephone _____
 city or town _____ state _____ zip code _____