

Cultural Resources Initial Review Request

USDA, Natural Resources Conservation Service – Ft. Belknap

Service Center: _____ Date: _____

Contact Person: _____ Phone: _____ Ext: _____

Area of Proposed Ground Disturbance:

County: _____ Quad Name: _____

Current Land Use: _____

Township-Range-Section: _____

Land Ownership Type:

Tribal/Allotted Trust Land Privately owned fee lands Off Reservation

Practice: _____

Has the area been previously disturbed? Yes No

Planned Construction Date: _____

TRIBAL CONSULTATION

The Tribal Preservation Office recommends the following conditions:

- There are no known historical or cultural sites present. No further consultation is required.
- The potential exists for encountering historical or cultural sites. Therefore, we request that consultation with us be maintained throughout the period of activity.
- Site(s) are present which have cultural or historical significance. The following special conditions are recommended.

Comments:

Consulting Official: _____ Date: _____

PRELIMINARY SITE INFORMATION FORM

Site No. _____

Project: _____

Setting:

Elevation: _____

Size: _____

- | | | | |
|--|----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Terrace/Bench | <input type="checkbox"/> Ridge | <input type="checkbox"/> Knoll | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Slope | <input type="checkbox"/> Cutbank | <input type="checkbox"/> Valley | _____ |

Site Type:**Archaeological**

- Isolated Find
- Lithic Scatter
- Campsite
- Circle
- Cairn
- Alignment
- Medicine Wheel
- Kill Site
- Rock Art
- Rock Shelter
- Other

Historic

- Homesite
- Building
- Depression
- Irrigation
- Road
- Bridge
- Mine
- Other

Cultural

- Burial
- Plants
- Fasting
- Offering
- Spring
- Sun Dance
- Sweatlodge
- Other

Remarks:

Artifacts Observed:

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Projectile Points-Faunal Remains | <input type="checkbox"/> Miscellaneous Metal | <input type="checkbox"/> Ceramics |
| <input type="checkbox"/> Lithic Tools-Floral Remains | <input type="checkbox"/> Cans | <input type="checkbox"/> Shell |
| <input type="checkbox"/> Lithic Debitage | <input type="checkbox"/> Glass | <input type="checkbox"/> Bottles |
| <input type="checkbox"/> Bone Tools | <input type="checkbox"/> Other | |

Remarks:

- Nothing Found.

Recorder: _____

Date: _____