

R-9 CULTURAL RESOURCE RECONNAISSANCE REPORT

(FSM 2361.22c)

1. TITLE OF UNDERTAKING:

2. NATIONAL FOREST: STATE:
 DISTRICT: COUNTY:
 PLANNING UNIT: USGS QUAD:
 COMPARTMENT: LEGAL DESCRIPTION:
 TRACT:
 AERIAL PHOTO: FLT.LINE: FRAME: YEAR:
 DESCRIPTION LOCATION:

3. RECONNAISSANCE CONDUCTED BY: ACRES INSPECTED:
 TITLE: STATION:
 CERTIFICATION NO: DATES OF FIELD RESEARCH:
 ASSISTANTS (Name, title, station)

4. DESCRIPTION OF UNDERTAKING:

5. NATURE AND SEVERITY OF EXPECTED DIRECT AND INDIRECT IMPACTS:

SOURCES CHECKED:	FIELD SURVEY TYPE:	CULTURAL RESOURCES RECORDED:
<input type="checkbox"/> FS FILES	<input type="checkbox"/> CURSORY	<input type="checkbox"/> YES
<input type="checkbox"/> SHPO	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> NO
<input type="checkbox"/> OTHER	<input type="checkbox"/> SAMPLE	<input type="checkbox"/> NO

CERTIFICATION: I certify that I conducted the Cultural Resource Reconnaissance reported here, that my observations and methods are fully reported, and that this CRR Report is complete and accurate to the best of my knowledge:

 SIGNATURE DATE

PROFESSIONAL REVIEW: I have reviewed this CRR Report and find it to be acceptable according to professional standards. _____ YES _____ NO

OPINION ON EFFECT: In my opinion, this undertaking will have _____ NO EFFECT _____ NO ADVERSE EFFECT
 _____ ADVERSE EFFECT on properties which might be eligible for the National Register of Historic Places. (___ Subject to implementation of recommendations in Item 18.)

 SIGNATURE DATE

6. PHYSICAL SETTING (_____ see attached EAR for this information)

Topography:

Geology:

Soils:

Hydrology:

Timber Types/ Ground Cover:

Manmade Features and Alterations:

7. PRE-FIELD RESEARCH – SOURCES CHECKED:

____a. FOREST CULTURAL RESOURCE OVERVIEW

____b. SO CULTURAL RESOURCE FILES

____c. DISTRICT CULTURAL RESOURCE FILES

____f. OTHER FS FILES, MAPS: (specify)

____d. SHPO (attach correspondence)

____e. NRHP, FED, REGISTER: _____

(LATEST SUPPLEMENT: _____)

____g. INFORMANTS: (name, address, qualifications)

____h. REPORTS, DOCUMENTS, PUBLICATIONS: (author, date, title, publisher or location of documents)

8. RESULTS OF PRE-FIELD RESEARCH:
- a. PREVIOUS SURVEYS OR INVESTIGATIONS CONDUCTED IN OR NEAR (WITHIN 10 MILES OF) THE PROJECT AREA: ? _____NO _____YES (*identify and briefly describe results*).
- b. NATIONAL REGISTER PROPERTIES LOCATED IN OR NEAR (WITHIN 1 MILE OF) THE PROJECT AREA? _____NO _____YES (*identify and briefly describe*)
- c. OTHER CULTURAL RESOURCES REPORTED IN OR NEAR (WITHIN 1 MILE OF) THE PROJECT AREA? _____NO _____YES (*identify, briefly describe, and attach FS cultural resource inventory form if applicable*)

9. OBSERVATIONAL EXPECTATIONS:
- a. SUSPECTED CULTURAL RESORUCE SENSITIVITY: (*as indicated in Forest Overview*)
- b. OTHER OBSERVATIONS:

10. FIELD RESEARCH:
- a. METHODOLOGY: (*Describe the way the area was examined, transect interval, shovel test interval, and attach map showing extent and intensity of coverage*)

b. PORTIONS OF PROJECT AREA NOT INSPECTED OR RECEIVING LEAS THAN COMPLETE COVERAGE:
(Describe, key to coverage map, and state why not completely surveyed)

c. SPECIAL PROBLEMS ENCOUNTERED IN FIELD RESEARCH:

11. RESULTS OF FIELD RESEARCH:

a. SUMMARY OF FINDINGS AND OBSERVATIONS: *(Results of surface examination, results of shovel tests, cultural resources observed and recorded)*

b. PREVIOUSLY UNKNOWN CULTURAL RESOURCES IDENTIFIED? _____ NO _____ YES

c. ARTIFACTS COLLECTED? _____ NO _____ YES *(list site numbers below).*

12. SUMMARY OF CULTURAL RESOURCES IDENTIFIED IN THE PROJECT AREA:

a. CULTURAL RESOURCES RECORDED: *(Attach inventory forms and site location map)*

NAME	FS SITE NO.	STATE SITE NO.	TYPE <i>(historic/prehistoric)</i>
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b. CULTURAL RESOURCES NOTED BUT NOT FORMALLY RECORDED:

FIELD NO.	DESCRIPTION	WHY NOT RECORDED?
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13. FINDINGS, SUGGESTIONS CONCERNING POTENTIAL IMPACTS ON CULTURAL RESOURCES:
- a. BASES ON YOU RESEARCH, WILL THE PROPOSED UNDERTAKIN GIMPACT CULTURAL RESOURCES?
 _____NO _____YES
 - b. IF CULTURAL RESOURCES ARE PRESENT BU WILL NOT BE IMPACTED, EXPLAIN WHY:
 - c. IF CULTURAL RESOURCES WILL BE IMPACTED, EXPLAIN HOW EACH WILL BE IMPACTED:
 - d. IF CULTURAL RESOURCES WILL BE ADVERSELY IMPACTED, WHAT PRECAUTIONS, PROTECTIVE MEASURES, OR PROJECT MODIFICATIONS DO YOU Recommend TO AVOID OR LESSEN THESE IMPACTS:
 - e. IF THESE RECOMMENDATIONS ARE IMPLEMENTED, WILL ALL POTENTIAL ADVERSE IMPACTS ON CULTURAL RESOURCE HAVE BEEN REMOVED? _____NO _____YES
 EXPLAIN:

14. OTHER REMARKS:

15. SUPPLEMENTAL DATA ATTACHED:

- | | |
|---|-----------------------------|
| _____UNDERTAKING VICINITY MAP | _____CONTINUATION SHEETS(S) |
| _____LOCATION (TOPO) MAP | _____SHPO CORRESPONDENCE |
| _____PROJECT MAP/SITE PLAN | _____CR INVENTORY FORMS |
| _____COVERAGE MAP | _____PHOTO(S) |
| _____SITE LOCATION MAP | |
| OTHER SUPPLEMENTAL DATA: <i>(Specify)</i> | |

PROFESSIONAL REVIEW
To Be Completed By A Professional Cultural Resource Specialist

16. EVALUATION OF COMPLETENESS: Based on your review of the CRR Report, please complete the following:

a. IN YOUR OPINION:

- (1) Has background research been adequate to assure recognition of previously reported resources? _____NO _____YES
- (2) Has the project area been adequately inspected according to acceptable archaeological practice? _____NO _____YES
- (3) Has coverage been adequate to assure recording of all properties of potential National Register eligibility? _____NO _____YES
- (4) Have you any other reason to question the completeness or adequacy of this CRR Report ? _____NO _____YES

REMARKS: *(Discuss any inadequacies indicated above)*

b. CONCLUSION: I _____DO _____DO NOT regard this CRR Report as complete and adequate according to professional standards.

17. OPINION ON EFFECT OF The PROPOSED UNDERTAKING ON CULTURAL RESOURCES WHICH MIGHT BE ELIGIBLE FOR THE NATIONAL REGISTER OF HISTORIC PLACES:

- ___NO EFFECT (___ Subject to implementation of recommendations below)
- ___NO ADVERSE EFFECT (___ Subject to implementation of recommendations below)
- ___ADVERSE EFFECT (___ See assessment and/or mitigation recommended below)

EXPLANATION OF OPINION ON EFFECT:

18. REMARKS, RECOMMENDATIONS:

19. REVIEWED BY:

NAME:

TITLE:

STATION:

SIGNATURE

DATE