

STATE SITE NO. _____



MICHIGAN ARCHAEOLOGICAL SITE FORM

SITE NAME:

OTHER NAMES OR NUMBERS:

SITE DESCRIPTION:

COUNTY:

TOWNSHIP NAME:

SITE ADDRESS (if applicable):

USGS 7.5 MIN. TOPOGRAPHIC QUADRANGLE
MAP NAME and DATE:

**Include topo map showing site location and boundaries when submitting this site form*

TOWNSHIP/RANGE/SECTION (QUARTER-
SECTION)

UTM/LAT.-LONG. COORDINATES

UTM DATUM YEAR

UTM ZONE

DIRECTIONS FROM NEAREST STATE OR
COUNTY ROAD INTERSECTION:

NEAREST WATER SOURCE:

DISTANCE TO NEAREST WATER SOURCE (in
feet and meters):

SITE SIZE IN METERS AND FEET (length x
width x diameter):

FIELD EVIDENCE (surface scatter, stratification,
features, exposed by construction, etc.):

FIELDWORK (year, site visit/survey type/
excavation, institution, principal investigator):

SITE INTEGRITY OR CONDITION:

COLLECTIONS (private or institutional):

DIAGNOSTIC ARTIFACTS:

COMPONENTS (list period and site function for
each):

DATES (list radiocarbon dates with lab numbers and associations):

HUMAN REMAINS PRESENT?

IF YES, DETAILS:

OWNERSHIP (LIST NAME OF PERSON OR AGENCY):

NATIONAL REGISTER (NR) SIGNIFICANCE RECOMMENDATION:

Person making NR evaluation

Date of NR evaluation

EXPLANATION OF SIGNIFICANCE RECOMMENDATION:

APPEND A LIST OF REPORTS AND OTHER DOCUMENTATION ABOUT THE SITE, BOTH PUBLISHED AND UNPUBLISHED, INCLUDING PHOTOS, CORRESPONDENCE, NEWSPAPER ARTICLES, CRM REPORTS, JOURNAL ARTICLES, ETC.

COMMENTS:

RECORDED BY

NAME:

INSTITUTION/COMPANY:

DATE:

TO SUBMIT THIS FORM:

e-mail: Stacy Tchorzynski, SHPO Archaeologist: TchorzynskiS@michigan.gov

Postal Mail: Attn: Archaeology, SHPO-MEDC, 300 North Washington Square, Lansing, MI 48913.

FORM INSTRUCTIONS & INFORMATION

- 1) This form may be completed on your computer, tablet, or other device, or it may be printed as a blank form and completed by hand.
- 2) Date fields require a two-digit day and month and a four-digit year. For example, 11/25/2019.
- 3) Please attach additional sheets as necessary.