

GEORGIA ARCHAEOLOGICAL SITE FORM

1990

Official Site Number: _____

Institutional Site Number: _____ Site Name: _____

County: _____ Map Name: _____ USGS or USNOAA

UTM Zone: _____ UTM East: _____ UTM North: _____

Owner: _____ Address: _____

Site Length: _____ meters Width: _____ meters Elevation: + - _____ meters

Orientation: 1. N-S 2. E-W 3. NE-SW 4. NW-SE 5. Round 6. Unknown

Kind of Investigation: 1. Survey 2. Testing 3. Excavation 4. Documentary

5. Hearsay 6. Unknown 7. Amateur

Standing Architecture: 1. Present 2. Absent

Site Nature: 1. Plowzone 2. Subsurface 3. Both 4. Only Surface Known

5. Unknown 6. Underwater

Midden: 1. Present 2. Absent 3. Unknown Features: 1. Present 2. Absent 3. Unknown

Percent Disturbance: 1. None 2. Greater than 50 3. Less than 50 4. Unknown

Type of Site (Mill, Mound, Quarry, Lithic Scatter, etc.): _____

Topography (Ridge, Terrace, etc.): _____

Current Vegetation (Woods, Pasture, etc.): _____

Additional Information: _____

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SKETCH MAP

(Include sites, roads, streams, landmarks)

OFFICIAL MAP

(Xerox of proper map)

State Site Number: _____ Institutional Site Number: _____

Public Status: 1. National Historic Landmark 2. National Natural Landmark
3. Georgia Register 4. Georgia Historic Trust 5. HABS 6. HAER

National Register Standing: 1. Determined Eligible 2. Recommended Ineligible
3. Recommended Eligible 4. Nominated 5. Listed 6. Unknown 7. Removed

National Register Level of Significance: 1. Local 2. State 3. National

Preservation State (Select up to Two): 1. Undisturbed 2. Cultivated 3. Eroded
4. Submerged 5. Lake Flooded 6. Vandalized 7. Destroyed 8. Redeposited
9. Graded 10. Razed

Preservation Prospects: 1. Safe 2. Endangered by: _____
3. Unknown

RECORD OF INVESTIGATIONS

Supervisor: _____ Affiliation: _____ Date: _____
Report Title: _____

Other Reports: _____

Artifacts Collected: _____

Location of Collections: _____

Location of Field Notes: _____

Private Collections: _____

Name: _____ Address: _____

CULTURAL AFFINITY

Cultural Periods: _____

Phases: _____

FORM PREPARATION AND REVISION

Date	Name	Institutional Affiliation
_____	_____	_____
_____	_____	_____
_____	_____	_____