NEW YORK STATE PREHISTORIC ARCHAEOLOGICAL SITE INVENTORY FORM
NYS OFFICE OF PARKS, RECREATION & HISTORIC PRESERVATION
(518) 237-8643

For Office Use Only--Site Identifier

Project Identifier ___________________________ Date

Your Name ___________________________ Phone (__ )
Address

Organization (if any)

1. SITE IDENTIFIER(S)
2. COUNTY ________________________ One of the following: CITY
   TOWNSHIP
   INCORPORATED VILLAGE
   UNINCORPORATED VILLAGE OR HAMLET

3. PRESENT OWNER
   Address

4. SITE DESCRIPTION (check all appropriate categories):
   Site
   ___ Stray Find ___ Cave/Rockshelter ___ Workshop
   ___ Pictograph ___ Quarry ___ Mound
   ___ Burial ___ Shell Midden ___ Village
   ___ Surface Evidence ___ Camp ___ Material in plow zone
   ___ Material below plow zone ___ Buried evidence ___ Intact Occupation floor
   ___ Single component ___ Evidence of features ___ Stratified
   ___________________________ ___ Multicomponent

   Location
   ___ Under cultivation ___ Never cultivated ___ Previously cultivated
   ___ Pastureland ___ Woodland ___ Floodplain
   ___ Upland ___ Sustaining erosion

   Soil Drainage: excellent ___ good ___ fair ___ poor
   Slope: flat ___ gentle ___ moderate ___ steep
   Distance to nearest water from site (approx.)
   Elevation:

5. SITE INVESTIGATION (append additional sheets, if necessary):
   Surface--date(s)
   ___ Site map (Submit with form)
   ___ Collection

   Subsurface--date(s)
   Testing: shovel ___ coring ___ other __________ unit size
   no. of units __________ (Submit plan of units with form)
   Excavation: unit size __________ no. of units

   Investigator
Manuscript or published report(s) (reference fully):

Present repository of materials

6. COMPONENT(S) (cultural affiliation/dates):

7. LIST OF MATERIAL REMAINS (be specific as possible in identifying object and material):

If historic materials are evident, check here and fill out historic site form

8. MAP REFERENCES
   
   USGS 7.5 Minute Series Quad. Name
   
   UTM Coordinates

9. Photography