

**NATURAL RESOURCES CONSERVATION SERVICE (NRCS) - TENNESSEE
CULTURAL RESOURCES UNDERTAKING REVIEW WORKSHEET**

[SUBMIT ONLY ONE (1) WORKSHEET PER EMAIL WITH A SUBJECT OF COUNTY NAME AND FARM NUMBER, I.E., DYER CO. F3523]

DATE: _____ **PLANNER NAME:** _____

Phone/E-mail: _____ **SUBMITTED BY:** _____

Check if undertaking requires a permit: ___ TDEC ___ TVA ___ USACOE

Check if undertaking is on State, Federal, or Local property: ___ State ___ Federal ___ Private

1. CLIENT'S NAME: _____ Farm #: _____ Tract #: _____ Field #: _____

2. Lat. /Long. (Use Degrees/Minutes/Seconds): _____° _____' _____" _____° _____' _____"

County: _____ Topo Quad Name: _____

3. UNDERTAKING PRACTICES:

Code	Name	Program:	How Many:	Area of Potential Effect (APE):	
				Acres _____	Linear Feet _____
_____	_____	_____	_____	Acres _____	Linear Feet _____
_____	_____	_____	_____	Acres _____	Linear Feet _____
_____	_____	_____	_____	Acres _____	Linear Feet _____
_____	_____	_____	_____	Acres _____	Linear Feet _____
_____	_____	_____	_____	Acres _____	Linear Feet _____
_____	_____	_____	_____	Acres _____	Linear Feet _____
_____	_____	_____	_____	Acres _____	Linear Feet _____

Description of Proposed Ground Disturbance:

Has the APE ever been plowed? ___ No ___ Yes If Yes, how? _____

4. DURING FIELD VISIT, WERE ANY OF THE FOLLOWING PRESENT WITHIN APE (check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Standing Structures | <input type="checkbox"/> Flint Flakes |
| <input type="checkbox"/> Foundation Remains (Brick or Stone) | <input type="checkbox"/> Arrowheads |
| <input type="checkbox"/> Dug Well | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Earthen Mounds | <input type="checkbox"/> Sinkholes |
| <input type="checkbox"/> Cemeteries | <input type="checkbox"/> Caves |
| <input type="checkbox"/> Other Man-made Features over 50 Years Old | <input type="checkbox"/> Checked with Landowner concerning Known Resources |
| <input type="checkbox"/> Pottery Shards | |

EXPLAIN ANY OF THE ABOVE CHECKS:

5. ATTACH a Topographic Quadrangle Map 1:10,000 section **SHOWING** the farm and its surroundings **AND**

6. **LOCATION** of each practice **PLUS** any additional location information and **DIGITAL PHOTOGRAPHS** of the APE.

____ Tennessee Division of Archaeology site files checked on: _____
 ____ Cultural Resources Specialist reviewed this proposed project on: _____
 ____ Yes ___ No Field reconnaissance needed _____

DETERMINATION: ___ No historic properties effected

___ No adverse effects _____
 ___ Potential adverse effects _____ ___ Adverse effects _____

___ **PROCEED** ___ **MITIGATE**

(REVIEWING ARCHAEOLOGIST'S SIGNATURE)

Date