

REQUEST FOR CULTURAL RESOURCE REVIEW
(This document is **Freedom of Information Exempt**)

Mail, fax, or Email To: Jim Errante, CRS, NRCS, 1835 Assembly St., Room 950, Columbia SC 29201
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Date: _____ County: _____ Program Type: _____

Owner's/Cooperator's Name(s): _____
Tract #(s) if more that more than one form submitted for this same cooperator: _____

List Practice(s) by name (Ok to Abrev.): _____

Size of **APE only** (est.total of all practices & list in acres): _____

%age of Ground Surface (soil !) Visible: _____

Type of Ground Cover (if present): _____

Noteworthy Characteristics (i.e. soil drainage / terrain / disturbances): _____

Name of USGS Quad(s) Containing APE: _____

Include a photocopy of the practice area (8.5 x 11) taken from a USGS topo quad map series (or a map of very similar likeness) and clearly note the APE ! Use a scale as close to 1:24,000 as possible. Please keep in mind that the reviewer must be able to easily relocate your APE on a regular USGS topo quad map.

If any cultural resources (prehistoric or historic) are known to exist in the immediate vicinity of the practice area briefly describe: _____

Be sure to check:

- Recollections of customer and/or land owner and/or other persons who may be aware of CR's in APE.
- Visual cues, such as artifacts, buildings, chimneys, walls, foundations/footing stones, abutments, grave markers, depressions, mounds, earthworks, mill ponds, or other landscape features etc.

Print name of contact person to respond to regarding this request: _____

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(BELOW TO BE COMPLETED BY SHPO AND/OR CRS)

_____ archaeological sites have been previously recorded within the APE of this practice.

Comments: _____

Signature: _____

Date: _____