
**Cultural Resource Site Investigation
Version 3.0**

Justification for Review (Select at least one of the following):

1. Seeking Waiver under _____ Program.
2. This practice is part of an approved contract.
3. Practice will not be part of a cost-shared contract.
4. Other: _____

County _____ Tract # _____ Farm # _____

Job Name (Client) _____

USGS Quad Name(s) _____

Section (s) _____ Township _____ Range _____

Conservation Practice/Job Description: _____

Ground Conditions: Cultivated Cleared/Grubbed Woods Grass Covered
 Previously Land-Leveled Other

Field Visit Made: _____

Cultural Resources Observed: _____

Comments: _____

NRCS Field Representative: _____ Date: _____

FSC where responses should be faxed: _____

NOTE: The project area must be clearly delineated on a copy of a USGS quad map with a dark line and show only the area of the specific practice. The quad copy may be digital or a photo-copy as long as contour information is clearly visible, at 1:24,000 scale.

Documents sent to the state office must be capable of being photocopied for consultation with the SHPO. Absolutely no highlighter mark will be accepted.