

SECTION 106 REVIEW for CULTURAL RESOURCES MINNESOTA NRCS

Project Background:

Landowner/Project Name _____ County _____
 USDA Program _____ If Other (e.g. CTA) please name _____
 Practice(s) with Codes(s) _____

Total Project Area Size (in Acres) _____
 Project Location: Township _____ N Range _____ W Section (1/4 Sec) _____
 Planned Construction Date _____
 If pipeline/trail (linear ft., L and W) _____
 If there are other partner(s), please name _____

Mandatory Attachments (on separate sheets)

1. USGS topographical map scaled at 1in. = 2000 to 4000ft. and an aerial photo scaled at 1in. to 660 to 1320ft., add and label township lines; and mark and label the practice and project boundaries exactly on all maps;
2. Note details of anticipated project activities, i.e. ground/building disturbance (label maps as necessary);
3. Only the relevant sections of design drawings showing soil disturbance boundaries (e.g. plan views).

Describe the current land use, any previous disturbance in the project area, and any proposed disturbance (*including depth*)

Check the Yes or No box if there are any known buildings/sites* in the project area. Yes No

*Sites are such places as artifact scatters, mounds or earthworks, cemeteries, privy pits, old foundations, ruins, bridges, dams, water control structures, historic roads/trails/fences, and trash pits/piles.

Information needed to be furnished to CRS if there are known buildings/sites in the project area:

1. Age of building(s)/site(s) or date(s) built: _____
2. Ground level photographs of outside of buildings/sites are required for any buildings on or near the disturbed site.
3. Individually, what kind of physical shape are they in? (good, fair or poor and explain your assessment)

Form submitted by: _____ Field Office _____ Date _____

2nd Level Reviewer: _____ Position: _____ Date _____

If applicable, submit this form with the NEPA checklist

Additional Notes if necessary (including additional practice names with codes; or locations T/R/S(Q):

Use or attach additional pages as necessary.

For information regarding consultation with SHPO or the processing of this form contact:

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