Submit by Email

Request for Cultural Resources Review

This document is Freedom of Information Exempt. Revised June 2008.

RETURN TO SC NRCS Cultural Resources Specialist
Jim Errante

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MAIL: USDA-NRCS, 1835 Assembly Street, Room 950, Columbia, SC, 29201

Date: _____ County: _____ Program Type:_____

Reference Name(s):_____

Tract #(s) if more that more than one form submitted for this same cooperator: _____

List Undertakings by Name _____

_____ Expected Installation Date: _____

Size of **APE (Area of Potential Effect) only** (estimate total area to be disturbed in acres):_____

Percentage of Ground Surface (soil) Visible:_____

Type of Ground Cover (if present):_____

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

_____

Name of USGS Quad(s) Containing APE:_____

Staple 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: _____

_____

Landowner/ Local recollections of CR in APE: _____

_____

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

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

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

Comments: _____

_____

_____

_____

☐ Proceed with Conservation Planning activities. CR Survey should be documented on the Inventory of Planning Area form and NC-CPA-52 or optional CR Survey Documentation form (see eFOTG, Sec. II).
If at anytime, evidence of cultual resources is found in the APE then all NRCS assisted activities should be halted.

☐ Additional follow up is needed for the Cultural Resources Review. Contact Jim Errante prior to proceeding with design or installation

Signature:_____ Date: _____