|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County:** | | | Click here to enter text. | **Principal Investigator:** | Click here to enter text. |
| **J/P Number:** | | | Click here to enter text. | **Prime NEPA Consultant** | Click here to enter text. |
| **Study Area Acreage** | | | Click here to enter text. | **ONE Date of Investigation** | Click here to enter a date. |
| **Project Title** | | | Ex: EW-23 over Sand Creek or SH-123 improvements. | | |
| **Off-project avoidance** | | | | Choose an item. | |
|  | | | | | |
| **RESULTS OF INVESTIGATION:** | | | | | |
|  | | | | | |
|  |  | No archeological sites, buildings, or bridges recorded in study area. | | | |
|  | | | | | |
|  |  | Archeological Sites Recorded During Study (if more are needed, complete an additional form) | | | |
|  | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Trinomial** | **Temporal Period** | **NRHP eligible** | **Brief Site Description (< 300 characters) , i.e. specific temporal designation, # of features, depth of deposits** | | **1** |  | Choose an item. | Choose an item. |  | | **2** |  | Choose an item. | Choose an item. |  | | **3** |  | Choose an item. | Choose an item. |  | | **4** |  | Choose an item. | Choose an item. |  | | | | | | |
|  | | | | | |
|  |  | Resources of the Built Environment (Bridges, Structures, and Buildings) Recorded During Study – WITH FORMS COMPLETED - (if more are needed, complete additional form)  **Resource # column** – include structure number and NBI for bridges. Include only the primary building number for building complexes. Describe ancillary resources in description column. | | | |
|  |  |  | | | |
|  |  |  | | | |
|  | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Resource #** | **Date of Construction** | **NRHP Eligible** | **Brief Description (< 300 characters), i.e. number of buildings in complex, , # of features, depth of deposits** | |  |  | Choose an item. |  | |  |  | Choose an item. |  | |  |  | Choose an item. |  | |  |  | Choose an item. |  | |  |  | Choose an item. |  | |  |  | Choose an item. |  | |  |  | Choose an item. |  | |  |  | Choose an item. |  | | | | | | |
|  | | | | | |