

SOUTH DAKOTA STATE HISTORICAL SOCIETY

Traditional Cultural Property Site Form State TCP No. _____

A TCP site number will only be assigned if the following are submitted in one packet: 1) TCP site form with all fields filled in and maps provided, 2) a signed Landowner Consent Form, 3) the completed Excel Spreadsheet, and 4) the geodatabase schema is filled out and contains all site boundaries. In addition, a pdf and hard copy of the final report must also be submitted along with the Section 106 letter of concurrence when the project is completed. Use the continuation form if necessary. No exceptions will be made.

PART 1. SITE DATA

TCP Field No. _____ County _____
Site Name (if any) _____ Associated Smithsonian Site No. _____
Landowner _____ Archaeological Region _____
Current Land Use _____ Topographic position _____
Vegetation Cover _____ Site elevation (m) _____ m
Site Condition _____
Site Dimensions (m) N-S _____ m E-W _____ m Site Area _____ ha

PART 2. LEGAL LOCATION

$\frac{1}{4}, \frac{1}{4}, \frac{1}{4}, \frac{1}{4},$	Section	Twp	Rng
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UTM coordinate system _____
Site centroid zone _____ / _____ E/ _____ N
USGS Topographic Map _____

PART 3. SITE TYPE AND AFFILIATION

_____ Single Feature (describe) _____

_____ Multiple Features (describe) _____

State TCP No. _____

TCP Affiliation-Historical Cultural/Ethnic Affiliation _____

Repository where additional information is stored _____

Title/Name/Address/Email/Phone of Contact at the Repository _____

TCP Affiliation information provided by _____

Date: _____

PART 4. NATIONAL REGISTER

National Register Status: ___ State Register ___ National Register ___ Eligible ___ Not Eligible ___ Unevaluated
SHPO or THPO office that wrote the concurrence letter _____

DOE Concurrence Letter File No. _____ Date of Letter: _____

National Register Criterion ___ A ___ B ___ C ___ D

National Register Justification Narrative _____

Prepared by _____ Date Prepared _____

Recommendations for mitigative measures _____

Prepared by _____ Date Prepared _____

State TCP No. _____

PART 5. PROJECT, RECORDER, AND REPORT

Site Recorded by _____

Project Contractor/Subcontractor Company Name _____

_____ Date site was recorded _____

Project Name _____

Project Tracking No. _____

Project Sponsor (Agency/Institution) _____

Report Title

Author(s)

Report Date _____

Additional Comments

Part 6. MAPS

Sketch Map (provide scale)

State TCP No. _____

Aerial Map (provide scale)

State TCP No. _____

Site Location Map (1:24000 scale topo)

State TCP No. _____

PART 7. LANDOWNER/TENANT CONSENT FORM

Owner Name (print) _____

Owner Name (signature) _____

Address/City/State/Zip _____

Phone/Email _____

Date _____

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Tenant Name (print) _____

Tenant Name (signature) _____

Address/City/State/Zip _____

Phone/Email _____

Date _____

By signing this consent form you acknowledge that you have been made fully aware of any/all recommendations regarding the protection and management of this Traditional Cultural Property on your property; or leased property if you are the tenant.

