

**ARCHAEOLOGICAL SURVEY SHORT REPORT FORM**

State Historical Society of Iowa  
The Historical Division of the Department of Cultural Affairs  
600 E. Locust  
Des Moines, Iowa 50319-0290

R & C#: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

ASSR Accepted: Yes (\_\_\_) No (\_\_\_)

**Locational Information and Survey Conditions**

County(ies): \_\_\_\_\_

Quadrangle(s): \_\_\_\_\_ Date(s): \_\_\_\_\_

Project type/title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Responsible federal/state agencies: \_\_\_\_\_

Legal Location: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec. \_\_\_\_\_ T. \_\_\_\_\_ R. \_\_\_\_\_

(if needed) : \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec. \_\_\_\_\_ T. \_\_\_\_\_ R. \_\_\_\_\_

(if needed) : \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec. \_\_\_\_\_ T. \_\_\_\_\_ R. \_\_\_\_\_

UTM coordinates: N \_\_\_\_\_ to \_\_\_\_\_, E \_\_\_\_\_ to \_\_\_\_\_

(if needed) : N \_\_\_\_\_ to \_\_\_\_\_, E \_\_\_\_\_ to \_\_\_\_\_

Project description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Topography**

Soil associations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Reference: \_\_\_\_\_

Landform: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Reference: \_\_\_\_\_

Drainage Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Land use/ground cover/percent visibility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Survey Limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Archaeological and Historical Information**

Previously reported sites: \_\_\_\_\_

Previous surveys: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Regional archaeologist contacted: \_\_\_\_\_ Citation(s): \_\_\_\_\_  
Phone number: \_\_\_\_\_

Investigation Techniques: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Historical sources consulted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time expended: \_\_\_\_\_ Person hours: \_\_\_\_\_

Area surveyed: \_\_\_\_\_ acres \_\_\_\_\_ square meters.

**Contractor and Surveyor Information**

Archaeological contractor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surveyor's Name(s): \_\_\_\_\_

\_\_\_\_\_

Date(s) surveyed: \_\_\_\_\_

ASSR completed by: \_\_\_\_\_

ASSR submitted by: \_\_\_\_\_ (title) \_\_\_\_\_ Signature: \_\_\_\_\_

Address (if the address is not the same as the contractor address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Attachments Checklist**

- \_\_\_\_\_ 1. Project location map depicting general project location, scale, and north arrow
- \_\_\_\_\_ 2. U.S.G.S. topographic map depicting project limits, scale, north arrow, and date of map
- \_\_\_\_\_ 3. Sketch map(s) depicting project limits, scale, north arrow, date of map, all subsurface tests, shovel probes, soil cores, and soil profiles
- \_\_\_\_\_ 4. Copies of historical plat map(s) consulted
- \_\_\_\_\_ 5. Relevant depiction(s) of soil profiles and soil descriptions
- \_\_\_\_\_ 6. References cited section
- \_\_\_\_\_ 7. Additional information sheets as necessary

**Contractor and ASSR Assurance Control**

I (We), the (Co-) Principal Investigator(s): \_\_\_\_\_

\_\_\_\_\_ (sign here),  
do hereby assure that the Phase I archaeological reconnaissance has located no archaeological materials or no historic properties (sites over 50 years of age from the date of this report); project clearance is recommended.

Address(es) of the agency or person to whom SHPO comments should be mailed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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Reviewer's comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attachments Continued**

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