

# MINNESOTA ARCHAEOLOGICAL SITE FORM

**OFFICE OF THE STATE ARCHAEOLOGIST**  
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**STATE HISTORIC PRESERVATION OFFICE**  
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OSA License #:

SHPO RC #:

Date(s) of Fieldwork:

New Site

Site Update

**SITE #:** 21-

Site Name:

Field #:

**LOCATIONAL INFORMATION** (attach USGS topographic quad and sketch map with site location outlined)

County:

City/Twp. Name:

SHPO Region:

USGS 7.5' Quadrangle Map (name and year):

Township:	Range:	Section:	¼ Sections (at least 2):
Township:	Range:	Section:	¼ Sections (at least 2):
Township:	Range:	Section:	¼ Sections (at least 2):

UTM Site Coordinates (use 1927 datum; identify center point only):

Zone	Easting	Northing
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Other locational information:

**SITE CHARACTERISTICS**

Acreage: Site Dimensions (both horizontal and vertical/depth, in metric):

Features (√all that apply):  earthwork  depression  foundation  other  none  
describe:

Site Description (√all that apply and describe):

<input type="checkbox"/> single artifact	<input type="checkbox"/> artifact scatter	<input type="checkbox"/> lithic scatter	<input type="checkbox"/> earthwork/mound
<input type="checkbox"/> structural ruin	<input type="checkbox"/> rock alignment	<input type="checkbox"/> rock art	<input type="checkbox"/> cemetery/burial
<input type="checkbox"/> standing structure (SHPO structure # if known): _____			<input type="checkbox"/> other:

describe:

Inferred Site Function (must specify):

Current Land Use (√all that apply):

<input type="checkbox"/> cultivated	<input type="checkbox"/> woodland	<input type="checkbox"/> commercial	<input type="checkbox"/> unknown
<input type="checkbox"/> fallow	<input type="checkbox"/> recreational	<input type="checkbox"/> industrial	<input type="checkbox"/> other:
<input type="checkbox"/> grassland	<input type="checkbox"/> road	<input type="checkbox"/> residential	

Surface Visibility

excellent  good  fair  poor  none

Degree of Disturbance (√and describe):

minimal  moderate  heavy  destroyed  unassessed

describe disturbance type(s):

Current Threats to Site:

erosion  development  agricultural  none known  other:



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Major Exotic Materials (i.e., "exotic" relative to local area; √all that apply):

- catlinite                       native copper                       Hixton orthoquartzite
- Knife River Flint               obsidian                               other:

Diagnostic Type/Information (e.g., Brainerd ceramics, machine-cut nails; describe decoration, function, manufacturer, etc.):

Ceramic

Lithic

Glass

Metal

Other

Additional information:

**ENVIRONMENTAL DATA**

Major Drainage System

- Cedar River                       Des Moines River               Lake Superior               Minnesota River
- Mississippi River (N of MN River)     Red River                       Rainy River
- Mississippi River (S of MN River)     Missouri River               St. Croix River

Watershed Index Map no. (MnDNR, Division of Waters):

Distance to Existing Water Source (per USGS topographic map, in feet or miles):

Ancient/Former Water Feature (name, type and distance to such feature):

Topographic Setting (√all that apply):

- | <u>Upland</u>                                | <u>Riverine</u>                                 | <u>Lacustrine</u>                     |
|--|---|---------------------------------------|
| <input type="checkbox"/> general upland      | <input type="checkbox"/> alluvial fan           | <input type="checkbox"/> inlet/outlet |
| <input type="checkbox"/> bluff edge          | <input type="checkbox"/> terrace                | <input type="checkbox"/> peninsula    |
| <input type="checkbox"/> hilltop             | <input type="checkbox"/> stream-stream junction | <input type="checkbox"/> island       |
| <input type="checkbox"/> glacial beach ridge | <input type="checkbox"/> bluff-base             | <input type="checkbox"/> isthmus      |
| <input type="checkbox"/> wetland             | <input type="checkbox"/> cave/rockshelter       | <input type="checkbox"/> shoreline    |
| <input type="checkbox"/> other: _____        | <input type="checkbox"/> other: _____           | <input type="checkbox"/> other: _____ |

**HISTORIC SITES ONLY:**

- Historic setting:     rural               urban               other:
- Type(s):     industrial     commercial     domestic     government     other:
- Historic transportation route (e.g., road, waterway, rail); identify type, direction & distance:

**OWNERSHIP INFORMATION**

Ownership Type (√all that apply):

- federal               state               local               tribal               private               unknown

Land Owner (name and address):

Significant historic owner(s) and period(s) of ownership, if known:

Year and Source of Ownership Information (e.g., plat map, recorder's office, etc.):

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**INVESTIGATOR/REPORTER INFORMATION**

Type(s) of Investigation (*√all that apply*):

reconnaissance       evaluation       data recovery       other:

Methods/techniques employed (*√all that apply*):

informant report       small diameter soil coring (≈ 1" diameter)

surface survey       geomorphological survey (*specify*): \_\_\_\_\_

shovel testing       geophysical survey (*specify*):

excavation units       other(s):

Informant Name and Address:

Artifact Repository (*name and accession nos.*):

Report Citation:

Major Bibliographic Reference(s) to Site:

Principal Investigator (*name and affiliation*):

**ADDITIONAL NOTES** (*use space below or attach extra sheets, as needed*)

**MAPS** (*attach USGS topographic quad and sketch map with site location outlined*)

Form Completed by (*name and date*): \_\_\_\_\_