

NEW HAMPSHIRE POST-CONTACT ARCHAEOLOGICAL INVENTORY FORM
New Hampshire Division of Historical Resources
New Hampshire State Historic Preservation Office

27 - -

IDENTIFICATION

Site #	27 - -	Site Name	
NHAS Site #	NH - - (SHPO use only)	WMNF Site #	(if applicable) 09-22-
Version of form	<input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Transcribed		

LOCATION

County _____	City/Town _____
USGS Quadrangle _____	
UTM Zone ___	Easting _____ Northing _____
NH State Plane, feet	Easting _____ Northing _____
USGS Datum	<input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83

LAND OWNERSHIP

Status (Select as many as appropriate)		
<input type="checkbox"/> Private (Single)	<input type="checkbox"/> Private (Multiple)	<input type="checkbox"/> Local Government
<input type="checkbox"/> State Government	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (Specify): _____	
Name of Owner(s) _____		
Street Address _____		
City/Town, State, Zip _____		

REPORTING INFORMATION

Name of Form Preparer(s) _____		
Phone Number _____	Email _____	
Institutional Affiliation/Employer _____		
Date Surveyed _____	E. Date Form Prepared _____	
Investigative Type (Select One)		
<input type="checkbox"/> CRM contract	<input type="checkbox"/> Sponsored research	
<input type="checkbox"/> Volunteered data	<input type="checkbox"/> Private research	
<input type="checkbox"/> Other (Specify) _____		
Investigative Techniques (Select as many as appropriate)		
<input type="checkbox"/> Oral history	<input type="checkbox"/> Documentary	<input type="checkbox"/> Collection analysis
<input type="checkbox"/> Non-recovery survey	<input type="checkbox"/> Aerial photography	<input type="checkbox"/> Map interpretation
<input type="checkbox"/> Mapping	<input type="checkbox"/> Arbitrary surface col.	<input type="checkbox"/> Controlled surface collection
<input type="checkbox"/> Auger / Soil core	<input type="checkbox"/> Shovel test	<input type="checkbox"/> Test pit excavation
<input type="checkbox"/> Heavy equipment	<input type="checkbox"/> Block excavation	<input type="checkbox"/> Remote sensing
<input type="checkbox"/> Other (Specify) _____		
Bibliographic Citation _____		

This form is designed for recording "historic" (post-contact) sites. Please refer to the [Archaeology Site Form Manual](#) for direction on completing this form. The NH Division of Historical Resources (DHR) works hard at protecting and preserving our archaeological heritage. By completing this site form and submitting it to the DHR you are helping the DHR in protecting these non-renewable resources. Archaeological site location information is exempt from accessibility under the Freedom of Information Act, therefore not for public access. Only professional archaeologists and the land owner are allowed access to this completed site form. The DHR maintains strict access to site information in order to inhibit site vandalism. For questions regarding this form please contact [Tanya Krajcik](#) at 603.271.6568

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POST-CONTACT ERA SITE DATA

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Period of Occupation Unknown / Indeterminate

Beginning date Exact Approximate

Ending date Exact Approximate

Basis for Assignment of Dates

<input type="checkbox"/> Diagnostic artifacts	<input type="checkbox"/> Diagnostic features	<input type="checkbox"/> Architectural
<input type="checkbox"/> Oral tradition	<input type="checkbox"/> Map interpretation	<input type="checkbox"/> Documentary
<input type="checkbox"/> Other (Specify):		

Post-Contact Site Type (select as many as appropriate)

<input type="checkbox"/> Residential	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Commercial
<input type="checkbox"/> Crafts production	<input type="checkbox"/> Industrial	<input type="checkbox"/> Cemetery
<input type="checkbox"/> Education	<input type="checkbox"/> Governmental	<input type="checkbox"/> Religious
<input type="checkbox"/> Transportation	<input type="checkbox"/> Recreational	<input type="checkbox"/> Military
<input type="checkbox"/> Social	<input type="checkbox"/> Health care	<input type="checkbox"/> Shipwreck
<input type="checkbox"/> Other (Specify):		

Post-Contact Material Present at Site Collected Observed on site

Artifact category / Artifact type / Quantity:

SPECIAL STATUS LAND USE

Special Use Categories (Select as many as appropriate)

<input type="checkbox"/> None	<input type="checkbox"/> Wilderness Area	<input type="checkbox"/> Wildlife Preserve
<input type="checkbox"/> Nature Preserve	<input type="checkbox"/> Public Park	<input type="checkbox"/> Scenic River
<input type="checkbox"/> Military Land	<input type="checkbox"/> Archaeological Preserve	<input type="checkbox"/> State Forest
<input type="checkbox"/> Federal Forest	<input type="checkbox"/> Historic District	<input type="checkbox"/> Current Use (Historic)
<input type="checkbox"/> Current Use (Other)		
<input type="checkbox"/> Other (Specify):		

SITE DESCRIPTION

Describe where the site is located, including a description of how to get to the site. Discuss the physical description and setting of the site. Site dimensions should be included. Describe the current condition of the site. If the site appears disturbed, describe the type of disturbance (for example: vandalism, erosion, logging, etc.) Also include any comments relevant to how the site was discovered or reported and how it was investigated. Use continuation sheet if necessary.

- ✓ Attach a USGS topographic map (or non photo-reduced copy) of the site area.
- ✓ Attach sketch map of site (include north arrow and scale).

PHOTOGRAPHS

- ✓ Attach photographs of site (if available). Digital Photographs are acceptable. All photographs must be clear, crisp and focused.

********The remainder of this form is required for professional archaeologists only********

RESEARCH POTENTIAL, OTHER VALUES & RECOMMENDATIONS (Required for professional archaeologists only)

Narrative description of the research which may be proposed for the site, any additional aspects of the site which may make it important such as presence of unusual ecological factors, and recommendations for additional research, especially if the site is endangered.

ASSESSMENT OF SIGNIFICANCE (Required for professional archaeologists only. Complete for intensive level forms)
 Narrative discussion of the significance of the site and its research potential.

APPLICABLE HISTORIC CONTEXT(S) (Required for professional archaeologists only)

A.	Principal Context
B.	Secondary Context
C.	Secondary Context
D.	Secondary Context

SURVEYOR'S EVALUATION (Required for professional archaeologists only)

NR listed: <input type="checkbox"/> individual <input type="checkbox"/> within a district	NR Criteria: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	NR eligible: <input type="checkbox"/> individually <input type="checkbox"/> within district <input type="checkbox"/> not eligible <input type="checkbox"/> more information needed
Integrity: <input type="checkbox"/> yes <input type="checkbox"/> no		
36 CFR 61 SURVEYOR		DATE
OTHER SURVEYOR		DATE

SHPO USE ONLY:

Reviewed for Determination of Eligibility (date) ____ / ____ / ____		
Entered in database ____ / ____ / ____	Plotted ____ / ____ / ____	By _____