GEORGIA ARCHAEOLOGICAL SITE FORM

Official Site Number: _____

Institutional/Field Number:		Site Name:	
County:	Location Accuracy	/: Map Name:	(USGS)
UTM Zone:	UTM Easting:	(NAD27) UTM Northin	ig: (NAD27)
Owner Name:	Ad	dress:	Ownership:
Site Length:	(meters) Width:	(meters) Elevation:	(meters or feet)
		Orientation: Inves	
Investigation Type (select up to 3): 1.	2	3.
	Strategy (select as many as		
	- ·	trolled-Total Controlled-Sample	Other
		Midden:	
Percent Disturbance	e: Cont	ext of Artifacts:	Slope %:
Type of Site (select t	ip to 3): 1	3	-
2	1	3	4 11:: 11 6 1
*For additional types	s, choose from a list of site	types provided by GASF and include in	Additional Information below.
Has the site been exc	cavated? Yes No _	Estimate percentage of site exc	avated:
T	C 4 V /	4-49 (1	
Nearest Water Sour	ce: a. Name:	b. T d. Minor Drainage (name	ype:
c. Major Drainage (na	ame):	d. Minor Drainage (name	e):
Distance to Water: a	a. Horizontal(meters or feet) b. Vertical	(meters or feet
Additional Information	uon: "Piease incluae aescr	iptions for items selected as Other in th	e above aropaown menus.
*Change to	Here to Insert Image image file type in bottom righ f browsing window.	t *Change to image	to Insert Image file type in bottom right vsing window.

Sketch Map (Include sites, roads, streams, landmarks) Official Map
(Xerox of topographic map)

State Site Number:	Institutional/Field Number:
D. I.V. Grade	
Public Status:	National Register Status:
National Register Level of Significance:	
Preservation State (select up to two): 1	2
Preservation Prospects: 1. Safe 2. End	2angered by: 3. Unknown
Describe Current Land Use:	
	ECORD OF INVESTIGATIONS
Supervisor:	Affiliation: Date of Report:
Report Title:	vate of Report:
Report Title.	
Other Reports:	
Artifacts Collected (select as many as approp	oriate)•
	Precontact Ceramic Historic Ceramic Faunal Remains
	Nails Glass Metal Midden Other
Artifact Details:	
Were ancestral and/or human skeletal rem	
Location of Collections:	Location of Field Notes:
Private Collections:	Address:
Private Owner Name:	Address:
	CULTURAL AFFINITY
Cultural Periods: 1.	2 3
4 Other:	
Phases: 1	2 3
4 Other: _	
FORM	I PREPARATION AND REVISION
Name:	ffiliation: Email: Email:
Is this form a revisit of an existing archaeol	logical site? Vos. No.