

GEORGIA ARCHAEOLOGICAL SITE FORM

Official Site Number: _____

Institutional/Field Number: _____ **Site Name:** _____
County: _____ **Location Accuracy:** _____ **Map Name:** _____ (USGS)
UTM Zone: _____ **UTM Easting:** _____ (NAD27) **UTM Northing:** _____ (NAD27)

Owner Name: _____ **Address:** _____ **Ownership:** _____
Site Length: _____ (meters) **Width:** _____ (meters) **Elevation:** _____ (meters ___ or feet ___)

Basis for Site Dimensions: _____ **Orientation:** _____ **Investigation Status:** _____
Investigation Type (select up to 3): 1. _____ 2. _____ 3. _____

Surface Collection Strategy (select as many as appropriate):
N/A ___ Grab Sample ___ Diagnostics ___ Controlled-Total ___ Controlled-Sample ___ Other _____

Standing Architecture: _____ **Midden:** _____ **Features:** _____

Percent Disturbance: _____ **Context of Artifacts:** _____ **Slope %:** _____

Type of Site (select up to 3): 1. _____
2. _____ 3. _____

**For additional types, choose from a list of site types provided by GASF and include in Additional Information below.*

Has the site been excavated? Yes ___ No ___ **Estimate percentage of site excavated:** _____

Topography: _____ **Current Vegetation** (woods, pasture, etc.): _____

Nearest Water Source: a. Name: _____ b. Type: _____

c. Major Drainage (name): _____ d. Minor Drainage (name): _____

Distance to Water: a. Horizontal _____ (meters ___ or feet ___) b. Vertical _____ (meters ___ or feet ___)

Additional Information: **Please include descriptions for items selected as Other in the above dropdown menus.*

Click Here to Insert Image

**Change to image file type in bottom right of browsing window.*

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**Change to image file type in bottom right of browsing window.*

Sketch Map
(Include sites, roads, streams, landmarks)

Official Map
(Xerox of topographic map)

State Site Number: _____ Institutional/Field Number: _____

Public Status: _____ National Register Status: _____

National Register Level of Significance: _____

Preservation State (select up to two): 1. _____ 2. _____

Preservation Prospects: 1. Safe ___ 2. Endangered by: _____ 3. Unknown ___

Describe Current Land Use:

RECORD OF INVESTIGATIONS

Supervisor: _____ Affiliation: _____

Date of Fieldwork: _____ Date of Report: _____

Report Title:

Other Reports:

Artifacts Collected (select as many as appropriate):

Lithic Debitage ___ Lithic Tools ___ FCR ___ Precontact Ceramic ___ Historic Ceramic ___ Faunal Remains ___

Botanical Remains ___ Building Material ___ Nails ___ Glass ___ Metal ___ Midden ___ Other ___

Artifact Details:

Were ancestral and/or human skeletal remains found? Yes ___ No ___

Location of Collections: _____ Location of Field Notes: _____

Private Collections: _____

Private Owner Name: _____ Address: _____

CULTURAL AFFINITY

Cultural Periods: 1. _____ 2. _____ 3. _____

4. _____ Other: _____

Phases: 1. _____ 2. _____ 3. _____

4. _____ Other: _____

FORM PREPARATION AND REVISION

Date: _____ Institutional Affiliation: _____

Name: _____ Phone: _____ Email: _____

Is this form a revisit of an existing archaeological site? Yes ___ No ___