

ARCHAEOLOGICAL INVENTORY REPORT (AIRs) DOCUMENTATION PAGE

1. RECEIPIENTS ACCESSION NO.	2. (FOR HPD USE ONLY)	3. HPD REPORT NO.
4. TITLE OF REPORT:		5. FIELDWORK DATES
AUTHOR:		6. REPORT DATE
7. CONSULTANT NAME & ADDRESS General Charge: Org. Name: Org. Address: Phone No.		8. PERMIT NO.
		9. CONSULTANT REPORT NO.
10. SPONSOR NAME & ADDRESS: Ind. Responsible: Org. Name: Org. Address: Phone No.		11. SPONSOR PROJECT NO.
		12. AREA OF EFFECT: ____ac AREA SURVEYED: ____ac
13. LOCATION		
a. Chapter	f. UTM Center:	
b. Agency:	g. Area: T__ N/S, R__ E/W Sec. __	
c. County	h. 7.5' Map Name(s):	
d. State	i. Lead Agency:	
e. Land Status		
14. REPORT OR SUMMARY <i>(Attach additional pages if necessary)</i>		
a. Description of Undertaking:		
b. Existing Data Review:		
c. Area of Environmental & Cultural Setting:		
d. Field Methods:		
15. CULTURAL RESOURCE FINDINGS <i>(Attach additional pages if necessary)</i>		
a. Location/Identification of each resource:		
b. Evaluation of Significance of each resource:		
16. MANAGEMENT SUMMARY/RECOMMENDATIONS <i>(Attach additional pages if necessary)</i>		
17. CERTIFICATION:		
Signature: _____	Date: _____	
General Charge Name: _____		
Signature: _____	Date: _____	
Direct Charge Name: _____		