**Locational Information and Survey Conditions**

- **County(ies):**
- **Quadrangle(s):**
- **Project type/title:**
- **Date(s):**

**Responsible federal/state agencies:**

**Legal Location:**

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**UTM coordinates:**

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**Project description:**

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**Topography**

**Soil associations:**

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**Landform:**

---

**Drainage Name:**

---

**Land use/ground cover/percent visibility:**

---

**Survey Limitations:**

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Archaeological and Historical Information

Previously reported sites: ____________________________
Previous surveys: ____________________________________________

______________________________________________________________________________

Citation(s): ____________________________________________
Regional archaeologist contacted: ____________________________ Phone number: ____________________________
Investigation Techniques: ____________________________

______________________________________________________________________________

Historical sources consulted: ____________________________
______________________________________________________________________________

______________________________________________________________________________

Time expended: ____________________________ Person hours: ____________________________
Area surveyed: ____________________________ acres ____________________________ square meters.

Contractor and Surveyor Information

Archaeological contractor: ____________________________
Address: ____________________________________________
______________________________________________________________________________

Surveyor’s Name(s): ____________________________________________

Date(s) surveyed: ____________________________
ASSR completed by: ____________________________ (title) ____________________________ Signature: ____________________________
ASSR submitted by: ____________________________ (title) ____________________________ Signature: ____________________________
Address (if the address is not the same as the contractor address): ____________________________
______________________________________________________________________________
ARCHAEOLOGICAL SURVEY SHORT REPORT FORM
State Historical Society of Iowa
The Historical Division of the Department of Cultural Affairs
600 E. Locust
Des Moines, Iowa 50319-0290

Attachments Checklist

1. Project location map depicting general project location, scale, and north arrow
2. U.S.G.S. topographic map depicting project limits, scale, north arrow, and date of map
3. Sketch map(s) depicting project limits, scale, north arrow, date of map, all subsurface tests, shovel probes, soil cores, and soil profiles
4. Copies of historical plat map(s) consulted
5. Relevant depiction(s) of soil profiles and soil descriptions
6. References cited section
7. Additional information sheets as necessary

Contractor and ASSR Assurance Control

I (We), the (Co-) Principal Investigator(s): ____________________________
______________________________ (sign here),
do hereby assure that the Phase I archaeological reconnaissance has located no archaeological materials or no historic properties (sites over 50 years of age from the date of this report); project clearance is recommended.

Address(es) of the agency or person to whom SHPO comments should be mailed: ____________________________
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Comments: ____________________________
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Reviewer’s comments: ____________________________
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