

ARKANSAS ARCHEOLOGICAL PROJECT AREA DATABASE

AMASDA Project No.: _____ (to be assigned by AAS Registrar)

Project Name: _____

Report Available: yes ___ no ___ Submitted to AAS: yes ___ no ___

Year of Project: _____

Archeologist(s): _____

Investigating Entity: _____

Sponsor/Client: _____

Purpose of Project: Compliance __, Research __, Rescue __,

Type of Project: Judgmental Survey __, Intensive/Systematic Survey __, Field Survey with Site
Testing __, Site(s) Testing Only __, Extensive Excavation __, Mitigation __,
Remote sensing __, Nautical Excavation

County(s): _____

USGS 7.5' Map Name(s) within Project Area:

(please attach xerox of USGS map(s) with project boundary outlined)

Project Size: Total Hectares _____ No. Hectares Surveyed _____

If linear or segmented project area, use total length in kilometers _____ and total width of right-of-way in meters _____. (For sewer or other projects where a portion of the project is described as a unit of hectares/acres and the remainder of the project area is linear, enter all data as noted above.)

Archeological Sites Investigated/Recorded During This Project:

Total Number of Sites Recorded/investigated: _____

Number of sites determined by Principal Investigator to be potentially Eligible for inclusion in the National Register ___; Not eligible ___; Undetermined/unknown as to Eligibility ___.

Number of Crew Persons: _____ Number of Field Days: _____

Project Area Ground Cover: (check appropriate categories below)

Wooded _____, Pasture _____, plowed/disc'd _____, planted field _____, recently harvested field _____, rice field _____, secondary undergrowth vegetation _____, urban built environment _____, not reported/unknown _____

Restrictions: (check appropriate categories below)

No major restrictions _____, Flooding _____, Extreme slope _____, Secondary vegetation/undergrowth _____, Hazardous materials _____,

Subsurface Testing: (check appropriate categories below)

No subsurface testing _____, Shovel Tests _____, Auger Tests _____, Core Tests _____, Maximum Test Interval (in meters) _____, Screened _____, Unscreened _____

Controlled Excavation Units

Size of Unit: _____ meters x _____ meters, No. of units _____
_____ meters x _____ meters, No. of units _____
_____ meters x _____ meters, No. of units _____
_____ meters x _____ meters, No. of units _____

Feature Unit Excavation Only: _____ No. of Features Excavated: _____

Backhoe Trench(es): _____ No. of Trenches _____ Maximum Depth _____ (in meters)

Remote Sensing

Name Type: _____ Total Sq. meters Surveyed _____

Human Remains Reported: Yes _____ No _____ (includes historic cemeteries)