



NEW JERSEY STATE MUSEUM
 ARCHAEOLOGICAL SITE REGISTRATION PROGRAM
 BUREAU OF ARCHAEOLOGY AND ETHNOLOGY
 P.O. BOX 530, TRENTON, N.J. 08625-0530
 Phone (609) 292-8594; Fax (609) 292-7636

Site Name:

SITE #: 28-

Check this box if you prefer to have this site information restricted to professional archaeologists, academics and environmental researchers conducting project background research. If so, this form will be considered donated information according to New Jersey State Law.

NJ State Atlas Coordinates:

USGS 7.5 Minute Series Quad.:
State Plane Coordinates (required):
UTM Coordinates (required):

County: _____ **Township:** _____

Location (descriptive):

Period of Site:

Cultural Affiliation(s) (if known):

Owner's (Tenant's) Name:
Address
Phone:

Attitude Toward Preservation:

Surface Features:

Prominent Landmarks:

Vegetation Cover:

Nearest Water Source: _____ **Distance:** _____

Soil Type: _____ **Erosion:** _____

Stratified (if known):

Threat of Destruction (if known):

Previous Work and References (list below):

	Name	Date	Reference (n/a if unpublished)
1.			
2.			
3.			

Collections:

	Name	Date	Collection Stored	Previous Designation
1.				

Sketch Map of the Site:

Indicate the chief topological features, such as streams, swamps, shorelines, and elevations (approximate). Also show buildings and roads. Indicate the site location by enclosing the site area with a dotted line. Use a scale (approximate) to indicate distance and dimensions.



Scale: 1" = 1,600'

Observations, Remarks, or Recommendations:

Recorder's Name (Company):

Address:

Phone:

Date Recorder at Site:

Revised 2007