

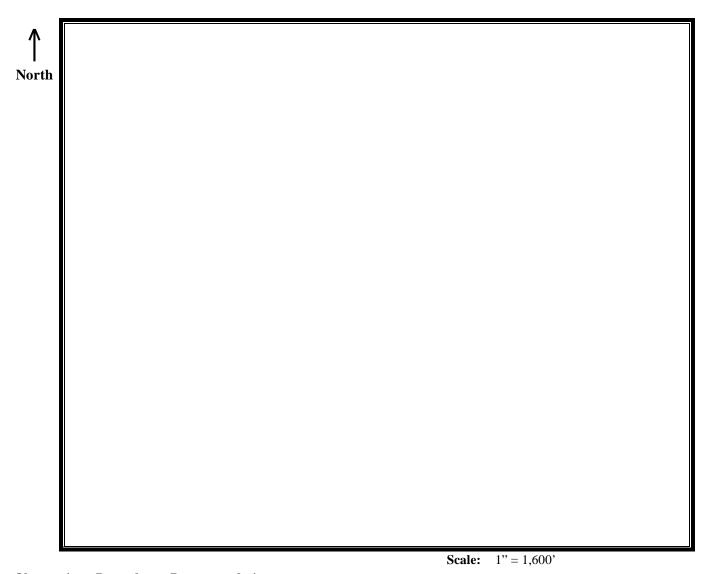
1.

## **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

a		COTTON III A C
Site Name:  Check this box if you prefer to have this sprofessional archaeologists, academics and eproject background research. If so, this form information according to New Jersey State Land NJ State Atlas Coordinates:	nvironmental researchers conducting n will be considered donated	SITE #: 28-
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:		
<b>Vegetation Cover:</b>		
<b>Nearest Water Source:</b>	Dista	nce:
Soil Type:	Erosi	ion:
Stratified (if known):		
Threat of Destruction (if known):		
Previous Work and References (list Name Date 1. 2. 3.		
Collections: Name Date	Collection Stored	Previous Designation

## **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.



Observations, Remarks, or Recommendations:

**Recorder's Name (Company):** 

Address:

**Phone:** 

Date Recorder at Site: