|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL PROVISIONS – CULTURAL RESOURCE REVIEW**  **Archaeological Survey Information Transmittal**  Wisconsin Department of Transportation  DT1919 10/2019 | | | | | | | | | | | | | | | Bureau of Technical Services  4822 Madison Yards Way  5th Floor South  Madison, WI 53705  Email: [Lynn.Cloud@dot.wi.gov](mailto:Lynn.Cloud@dot.wi.gov)  Telephone: 608-266-0099 | | | | |
| Project ID | | | | | | | | Highway | | | | | | | | Termini | | | |
| WISDOT Regional Construction Engineer Name | | | | | | | | Region | | | | | | | | Area Code - Telephone Number | | | |
| Contractor Name and Address | | | | | | | | | | | | | | | | Area Code - Telephone Number | | | |
| **Construction Activities** *(Check the appropriate box or explain what other activity(ies) this submittal pertains to)*  Borrow  Waste  Asphalt or concrete batch plant  Other: | | | | | | | | | | | | | | | | | | | |
| **SURVEY SITE** | | | ALTERNATIVE 1 | | | | | | | **ALTERNATIVE 2** | | | | | | **ALTERNATIVE 3** | | | |
| Location – County | | |  | | | | | | |  | | | | | |  | | | |
| Township(s) | | |  | | | | | | |  | | | | | |  | | | |
| Town and Range Lines | | | T | | | | N,R | | | T | | | N,R | | | T | | N,R | |
| Section Number | | |  | | | | | | |  | | | | | |  | | | |
| ¼ Section | | | ¼ | | | ¼ | | | ¼ | ¼ | | ¼ | | ¼ | | ¼ | ¼ | | ¼ |
| Land Owner Name | | |  | | | | | | |  | | | | | |  | | | |
| Address | | |  | | | | | | |  | | | | | |  | | | |
| Current Land Use | | |  | | | | | | |  | | | | | |  | | | |
| Approximate Acreage to be Used | | |  | | | | | | |  | | | | | |  | | | |
| **MAPS REQUIRED:**  1. Map showing the precise location of the proposed activity(ies). (e.g. Section plats and/or R/W plats)  2. Sketch map of activity(ies) area. (Other maps which provide equivalent information and reference points are also acceptable.) | | | | | | | | | | | | | | | | | | | |
| Archaeologist Comments | | | | | | | | | | | | | | | | | | | |
| A1 | A2 | A3 | | | 1. No Site(s) in Area | | | | | | | | | | | | | | |
| A1 | A2 | A3 | | | 2. Site(s) in Area | | | | | | | | | | | | | | |
| A1 | A2 | A3 | | | 3. Burial site (mounds, cemetery, other) in Area | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | (Archaeologist Signature) | | | | | | | | |
| Bureau Recommendations | | | | | | | | | | | | | | | | | | | |
| Ok to Proceed  Avoidance Recommended  Field Survey Required  Burial site in Area | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | | |
|  | | | |  | | | | | | | (Bureau of Technical Services) | | | | | | | | |