*Project Tracking No.:*

XX-XX-XXXX

# ARCHAEOLOGICAL ADVERSE EFFECT DETERMINATION FORM

This form only pertains to archaeological resources for this project. It is not valid for Historic Architecture and Landscapes. You must consult separately with the Historic Architecture and Landscapes Group.

## PROJECT INFORMATION

*Project No:* *County:*

*WBS No.:* *Document:*

*Fed. Aid No:* *Funding:* ☐ State ☐ Federal

*Federal Permit(s):* ☐ *Yes* ☐ *No* *Permit Type(s):*

**Project Description:**

## SUMMARY OF ARCHAEOLOGICAL REVIEW

***Description of review activities, results, and conclusions:***

## SUMMARY OF ADVERSE EFFECTS

***Archaeology Site Number(s):*** ***NRHP Criteria:***

***Explanation of Adverse Effect:***

***List of Environmental Commitments:***

## SUPPORT DOCUMENTATION

☐Map(s) ☒Previous Survey Info. ☐Photos ☐Correspondence ☐Design Plans

**NCDOT ARCHAEOLOGIST** **DATE**