Project Tracking No.:

XX-XX-XXXX

ARCHAEOLOGICAL NO ADVERSE EFFECT DETERMINATION

This form only pertains to ARCHAEOLOGICAL RESORUCES for this project. It is not valid for Historic Architecture and Landscapes. You must consult separately with the Historic Architecture and Landscapes Team.

PROJECT INFORMATION

Project No: *County:*

WBS No.: *Document:*

F.A. 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:

(This project falls within a North Carolina County in which the following federally recognized tribes have expressed an interest: . We recommend that you ensure that this documentation is forwarded to these tribes using the process described in the current NCDOT Tribal Protocol and PA Procedures Manual.)

SUMMARY OF ADVERSE EFFECTS

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

Explanation of No Adverse Effect:

List of Environmental Commitments:

SUPPORT DOCUMENTATION

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

SIGNED:

NCDOT ARCHAEOLOGIST **Date**