This form may be used to document and initially record traditional cultural properties, sacred sites, and/or sites of cultural and religious significance to tribes or other groups. The form is not a formal determination of significance by Federal, Tribal, or State officials. Revised July 2013.

CULTURAL HERITAGE FORM			
Temporary Number: If needed, a temporary number used by the recorder	Identification Number: A permanent identification number	Corresponding SITS#: If the site also is recorded with the NDCRS, provide the corresponding SITS number	Map Quad(s): The name(S) of the USGS 7.5' topographic quadrangle(s) on which the site is plotted
LTL: Area within the Sisseton-Wahpeton Dakota Nation reservation is called Lake Traverse Land (LTL); portions of Richland and Sargent counties, ND	TWP: Township number North (129-164)	R: Range number West (47-107)	SEC: Section number (1-36)
QQQ/QQ/Q: Quarter sections (NE,NW, SE, SW)	UTM Coordinates - NAD 1983: The NAD 1983 Northing and Easting for the location	Zone: Enter the zone (13N or 14N) used to gather the UTM coordinates	Attachments: Attach a map of the USGS 7.5' quadrangle map and a separate sketch map depicting the site boundary and feature(s). Attach photos as appropriate
Traditional Cultural Property Potential: As defined by the National Park Service; place a check beside each applicable item	Single Feature: Place a check mark in this field if one feature is present	Multiple Feature: Place a check in this field if more than one feature is present	Type(s): Place a check mark beside each feature type present
Historical Cultural / Ethnic Affiliation: Identify the group(s) with which this site is affiliated	Setting: Briefly describe the landform(s) and ecosystem in which the site is located	Surface Ownership of Land: List the surface owner(s) of the land on which the site is located	Mineral Ownership of Land: If known, list the mineral right owner(s) of the land on which the site is located.
Current Land Use: Describe the current use of the land on which the site is located	Condition: The physical condition of the site (excellent; fair; poor; inundated; destroyed)	Treatment Recommendation / Recommended Avoidance Buffer: This is a recommendation of the interviewer, interviewee, and/or the recorder	Interviewee(s): The first and last name(s) of the individual(s) identifying and/or providing information about the site; provide contact information as appropriate
Federal / Tribal / State Agency: If applicable, the name of the Federal, Tribal, or State agency involved with, and/or reviewing, the project; provide contact information	Project / Report Title: The name of the project or report title for reference and correspondence	Comments: Provide additional legal description(s); describe 'Other' site and/or feature type(s); and/or record additional information not listed in previous fields; attach pages as necessary	Repository of Additional Information: If known, list the contact for additional information (Tribe[s], Tribal Historic Preservation Office, and/or Group)
Recorder: The first and last name of the individual recording the site; provide contact information	Date: The month/day/year on which the site was recorded		