

Has consultation with SHSND/SHPO been previously initiated for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No

Approximate Date of Previous Consultation

Previous Consultation Initiated by

Describe the Project and/or Undertaking and Nature of State/Federal Agency Involvement*

Describe the Area of Potential Effects (APE)/Project Location*
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Indicate additional Items included with submission <input type="checkbox"/> File Search and Class I Results <input type="checkbox"/> Manuscript/Class III Cultural Resources Report <input type="checkbox"/> Section 106 consultation correspondence <input type="checkbox"/> Maps, photographs, drawings, and/or plans <input type="checkbox"/> Additional historic property information <input type="checkbox"/> Other: _____

If Manuscript/Class III Report is included with this submission, please indicate Items included with manuscript (all items are required for report review) <input type="checkbox"/> MS Datasheet <input type="checkbox"/> Hard Copy <input type="checkbox"/> Report pdf uploaded to ftp <input type="checkbox"/> Survey Shapefiles uploaded to ftp <input type="checkbox"/> Other: _____

FOR SHSND/SHPO USE ONLY <input type="checkbox"/> No Historic Properties Affected <input type="checkbox"/> No Adverse Effect <input type="checkbox"/> Adverse Effect <input type="checkbox"/> Survey Recommended <input type="checkbox"/> Other: _____

<input type="checkbox"/> No Significant Sites <input type="checkbox"/> Significant Sites in Area (map attached) <input type="checkbox"/> Adverse Effect to Significant Sites <input type="checkbox"/> Other: _____

<input type="checkbox"/> We concur with the above determination, if the project description changes, this concurrence is void. <input type="checkbox"/> Additional information is requested, please see attached letter.

In response, please reference SHSND/SHPO#

ND State Historic Preservation Officer/SHSND Director or designated representative	Date
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