



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 HISTORIC PRESERVATION PROGRAM  
 P.O. BOX 176, JEFFERSON CITY, MISSOURI 65102  
 (573) 751-7858

**SECTION 106 SURVEY MEMO**

| SHPO USE ONLY                     |                                   |
|-----------------------------------|-----------------------------------|
| REVIEWER                          |                                   |
| DATE                              | SHPO LOG #                        |
| <input type="checkbox"/> ACCEPTED | <input type="checkbox"/> REJECTED |

1) HPP 106 PROJECT #

**LOCATION INFORMATION AND SURVEY CONDITIONS**

2) COUNTY(S)

3) QUADRANGLE      4) PROJECT TYPE/TITLE

5) FUNDING/PERMITTING FEDERAL AGENCY(S)

6) SECTION      7) TOWNSHIP      8) RANGE

9) U.T.M.

10) PROJECT DESCRIPTION

11) TOPOGRAPHY

12) SOILS

13) DRAINAGE

14) LAND USE/GROUND COVER (INCLUDING % VISIBILITY)

15) SURVEY LIMITATIONS

**HISTORICAL BACKGROUND INFORMATION**

16) HPP - CULTURAL RESOURCE INVENTORY

17) ARCHAEOLOGICAL SURVEY OF MISSOURI

18) GIS DATABASE

19) HISTORIC PLATS/ATLASES/SOURCES

20) PREVIOUSLY REPORTED SITES

21) PREVIOUS SURVEYS

22) REGIONAL SOURCES UTILIZED

23) MASTER PLAN RECOMMENDATION

24) INVESTIGATION TECHNIQUES

25) TIME EXPENDED \_\_\_\_\_ PERSON HOURS

26) HISTORIC PROPERTIES LOCATED

27) CULTURAL MATERIALS

28) CURATED AT

29) COLLECTION TECHNIQUES

30) AREA SURVEYED (ACRES & SQUARE METERS)

31) RESULTS OF INVESTIGATION AND RECOMMENDATIONS:

- a) No Historic Properties Located.
- b) No National Register Eligible Historic Properties Located.
- c) National Register Eligible Historic Properties Located.
- d) Historic Properties May Meet Requirements For National Register Eligibility; Phase II Testing Is Recommended:
- e) Comments: \_\_\_\_\_  
\_\_\_\_\_

**CULTURAL RESOURCE MANAGEMENT CONTRACTOR INFORMATION**

|  |                    |
|--|--------------------|
| 32) ARCHAEOLOGICAL CONSULTANT          |                    |
| 33) ADDRESS/PHONE                      |                    |
| 34) SURVEYOR(S)                        | 35) SURVEY DATE(S) |
| 36) REPORT COMPILED BY                 | 37) DATE           |
| 38) SUBMITTED BY (SIGNATURE AND TITLE) |                    |

39) ATTACHMENT CHECK LIST: (REQUIRED)

- \_\_\_\_ 1) Relevant Portion of USGS 7.5' Topographic Quadrangle Map(s) Showing Project Location and Any Recorded Sites;
- \_\_\_\_ 2) Project Map(s) Depicting Survey Limits and, when applicable, Approximate Site Limits, and Concentrations of Cultural Materials;
- \_\_\_\_ 3) Site Form(s): One Copy of Each Form;
- \_\_\_\_ 4) All Relevant Project Correspondence;
- \_\_\_\_ 5) Additional Information Sheets as Necessary.

40) ADDRESS OF OWNER/AGENT/AGENCY TO WHOM SHPO COMMENT SHOULD BE MAILED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                    |                  |
|--------------------|------------------|
| 41) CONTACT PERSON | 42) PHONE NUMBER |
|--------------------|------------------|

**REVIEWER COMMENTS**

[REVIEWER COMMENTS AREA]