



NEW JERSEY STATE MUSEUM
ARCHAEOLOGICAL SITE REGISTRATION PROGRAM
BUREAU OF ARCHAEOLOGY AND ETHNOLOGY
P.O. BOX 530, TRENTON, N.J. 08625-0530
Phone (609) 292-8594; Fax (609) 292-7636

Site Name:

SITE #:

NJ State Atlas Coordinates:

USGS 7.5 Minute Series Quad.:

UTM Coordinates (required):

County:

Township:

Location (descriptive):

Survey Methodology:

Phase IA
Phase II

Phase IB
Phase III

Period of Site:

Cultural Affiliation(s) (if known):

Owner's (Tenant's) Name:

Address:

Phone:

Attitude Toward Preservation:

Surface Features:

Prominent Landmarks:

Vegetation Cover:

Nearest Water Source:

Distance:

Soil Type:

Erosion:

Stratified (if known):

Threat of Destruction (if known):

Previous Work and References (list below):

Name	Date	Reference (n/a if unpublished)
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Collections:

Name

Date

Collection Stored

Previous Designation

Sketch Map of the Site:

Indicate the chief topological features, such as streams, swamps, shorelines, and elevations (approximate). Also show buildings and roads. Indicate the site location by enclosing the site area with a dotted line. Use a scale (approximate) to indicate distance and dimensions.



Scale: 1" = 2,000 feet

Observations:

Recorder's Name (Company):

Address:

Phone:

Date Recorder at Site: