



Ohio State Historic Preservation Office
 Ohio History Connection
 800 E. 17th Ave., Columbus, OH 43211
 www.ohiohistory.org

Site No. 33-_____-_____

Preliminary Documentation Form for Ohio Archaeological Sites

Revised 9/25/2024

Please carefully review instructions on Page 2 and use black ink to complete form

SITE IDENTIFICATION

Site Name (if applicable) _____

County Name _____ Township Name _____ Section # _____

USGS 7.5' Quadrangle Name _____

UTM (optional): Zone: _____; Easting: _____; Northing: _____

TEMPORAL AFFILIATION (please check appropriate spaces)

Prehistoric Historic Both
 Prehistoric materials collected or present at site: Lithics Ceramic Faunal Metal
 Human Remains Floral Other (specify) _____

REPORTING INFORMATION

Date of Form (Year/Month) _____ Date of Last Field Visit (Year/Month) _____

Name(s) of Form Preparer(s) _____

Address (include city, state and zip) _____

Phone _____ Email _____

Landowner Name (optional) _____

Landowner Address (include city, state and zip) _____

Phone () _____ Email _____

Site Area: _____ meters² (Approximation)

Site Description/Site History/Discussion

**Instructions for Completing the Preliminary Documentation Form
For Ohio Archaeological Sites**

NOTE: This form is not to be used by professional or archaeological consultants. Instead, please use the Survey123 application to complete an Ohio Archaeological Inventory Form or Isolated Find Form.

SITE IDENTIFICATION

Site Name (if applicable): Give a name to the site that is relevant to the site, the landowner, or the general area.

County Name, Township Name, Section #: Locate the area in which the site is located.

USGS 7.5' Quadrangle Name: Name of the USGS 7.5' Quadrangle map where the site is located. Attach a copy of the map and indicate the location and boundaries of the site. Please be as exact as possible.

TEMPORAL AFFILIATION

Identify the time period that the site is associated with. Indicate the types of artifacts collected or are present on the site. Use the Description/Discussion section to provide detailed description.

REPORTING INFORMATION

Date of Form: Use YYYY/MM format.

Date of Last Field Visit: Use YYYY/MM format. When the site was last visited by the form preparer or the field surveyor.

Name(s) of Form Preparer(s): Name of the person(s) completing this form. Please include address and contact information below.

Site Area: Provide approximate dimensions of site in square meters (note: 1-yard equals approximately 1 meter, 10 x 10 m = 100 m²).

Approximation: indicate with a check mark if you consider this an approximation.

SITE DESCRIPTION/SITE HISTORY/DISCUSSION

Describe the site and provide any history or other details. Include discussion of artifacts here. You may wish to include the name(s) and contact information of others who wish to be contacted regarding the site. Describe the conditions of the site and potential threats to its preservation. Use a Continuation Sheet as necessary.

SKETCH MAP (optional)

The sketch map should illustrate the site location in relation to natural and man-made features (streams, hills, roads, etc.). Be sure to label names of features, and provide a scale. The topographic map (see Identification, above) should indicate site location while the sketch map should be used to depict greater detail of the site.

Provide sketch map below:



Scale:

