# Office of the State Archaeologist logo

# Project Review Form

Please complete all the fields marked with an asterisk (\*). This form is a fillable document.

After completing this form, please email your request to: [**OSA.Project.Reviews.adm@state.mn.us**](mailto:OSA.Project.Reviews.adm@state.mn.us)

# Review Information

1. **PROJECT NAME\*:** Click or tap here to enter text.

A project name is required. Use the official name of the project, if available.

1. **PROJECT ID:** Click or tap here to enter text.

If this is a state project, list the state project (SP) number here.

1. **REASON FOR REVIEW\*:** Click or tap here to enter text.

The reason for review is required. Please provide one sentence minimum. If this review is legally required, please cite the statute.

1. **REVIEW TYPE\*:** Choose an item.

The review type is required. Please select an item from the drop-down menu. The options are:

* **EAW:** Environmental Assessment Worksheet. This also includes Environmental Impact Statements (EIS) and Alternative Urban Areawide Review (AUAR) processes. Please visit the Minnesota Environmental Quality Board (eqb.state.mn.us) website, under [Environmental Review](https://www.eqb.state.mn.us/environmental-review/overview) for more information.
* **Information Request/File Request:** Select this option if you are requesting information, not recommendations or feedback, about cultural resources on a certain piece of property.
* **Review Request:** This is the most common selection. Choose this option if this project must be reviewed under statute. Please also select this option if you are seeking recommendations and feedback about the potential impact of a project.

1. **FUNDING\*:** Choose an item.
2. **ORGANIZATION NAME:** Click or tap here to enter text.

Please enter your organization’s name, even if you are filling this application out on behalf of another person or company. The organization submitting this form should be the organization named in the box above. If you are submitting this review form as a private individual, do not enter anything in this field.

1. **SUBMITTING ORGANIZATION TYPE:** Choose an item.

# Project Information

1. **PROJECT DESCRIPTION\*:** Click or tap here to enter text.The project description is required. Please write a minimum of three sentences. Include in your description:

* **Extent of ground disturbance.** Include ground disturbance method: hand excavation, heavy equipment, etc. Please note, driving over a surface is considered ground disturbance.
  + Please describe the ground disturbance in any staging areas which are not included in project boundaries.
  + Describe the extent of vegetation removal and removal method (tree cutting, stump removal, etc.)
* **Depth of ground impact.** This can be a range.
* **Project purpose.** For the following common project types, please include the following information in your description and/or attachments to this form:
  + **Road construction:** Identify the construction method.
  + **Broadband construction:** Identify the construction method (plowing, directional boring, etc.)
  + **Housing developments:** Describe the grading for the entire site.

1. **ARCHAEOLOGICAL SITE NUMBERS:** Click or tap here to enter text.List any known archaeological sites that are in the project site boundaries or within 1,000 feet of the boundaries.If the site numbers are known, list them above. Add multiple site numbers by separating them with a comma. If you do not know them, leave this question blank.

* **COUNTY\*:** Click or tap here to enter text.  
  Please enter the Minnesota county where this project will take place. Add multiple counties by separating them with a comma. Do not enter counties in other states or Canada.

1. **BACKGROUND RESEARCH DONE.** Check the appropriate box if any research has been completed or is in progress. If no research has been done, leave blank.OSA Portal Query  
   MnDOT GIS  
   MnModel  
   Legacy Historic cemeteries
2. **KNOWN RESOURCES ADJACENT TO REVIEW AREA:** Check the box next to any known resources that are in the project site boundaries or within 1,000 feet of the boundaries.If you do not know, leave this question blank.Cemeteries  
   Burials  
   Archaeological Sites
3. **ADDITIONAL INFORMATION:** Enter any relevant additional details about the project. Note any previous archaeological surveys or findings. If you would like a physical letter in response, please indicate that here.

# Location Information

Location information is required.

An address is preferred for projects in a small area. Projects about specific properties or single structures should use addresses. If you enter an address, you do not need to list the PLSS location information.

For all other projects, enter location information from the Public Land Survey System (PLSS). PLSS is a method to plat (divide) real property. Visit the [ArcGIS online PLSS Map Viewer](https://www.arcgis.com/apps/View/index.html?appid=019dd6f39fda4d3b811abfab0878b63b) to collect your PLSS location information. If there are additional PLSS entries beyond what this form provides, please continue them on an attached sheet.

1. **PLSS LOCATION INFORMATION**

Township:      Range:      Range Direction (E or W):      Section:       
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Township:      Range:      Range Direction (E or W):      Section:     

1. **ADDRESS**

Address Line 1: Click or tap here to enter text.  
Address Line 2: Click or tap here to enter text.

City: Click or tap here to enter text.  
State: Click or tap here to enter text.  
Zip Code: Click or tap here to enter text.

# Requestor Information

1. **REQUESTED BY\* (name):** Click or tap here to enter text.

Please enter your name, even if you are completing this form on behalf of another person or organization.

1. **REQUESTOR’S EMAIL ADDRESS\*:** Click or tap here to enter text.  
   Please enter your email address, even if you are completing this form on behalf of another person or organization.
2. **REQUESTOR’S PHONE NUMBER:** Click or tap here to enter text.  
   Please enter your phone number, even if you are completing this form on behalf of another person or organization. A phone number is not required, but it is preferred.
3. **REQUESTOR’S PHYSICAL ADDRESS:**

Please enter an address if you would like to receive physical correspondence.

Address Line 1: Click or tap here to enter text.  
Address Line 2: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

# Attachments

Please attach any photos, maps, or documents that will help us complete the review. **Any attachment that exceeds 80 MB should be compressed or divided into multiple files.**

If this project is one of the following common types, the following attachments should be included. Aerial photos or topographic maps are preferred.

* **Road construction:** Attach a map of sufficient resolution which shows the width of the road and the area of impact. Attach plans with right-of-way boundaries, if available.
* **Broadband construction:** Attach a map of sufficient resolution which shows the route. Maps should show which side of the road the route will be on.
* **Housing developments:** Attach a grading plan to this form. Also attach a lot/street layout plan.