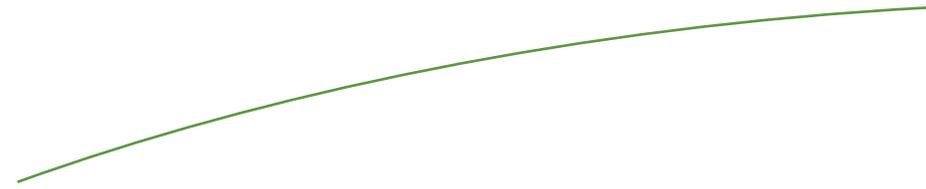




Appendix E

INDIVIDUAL HISTORICAL ASSESSMENT
REPORT FORM



INDIVIDUAL HISTORICAL ASSESSMENT REPORT

Site Name/Facility: _____

Master Program Map No.: _____

Date: _____

Archaeologist Name: _____

Native American Monitor Name: _____

Instructions: This form must be completed for each target facility identified in the Annual Maintenance Needs Assessment report and prior to any work on site. Attach additional sheets as needed.

EXISTING CONDITIONS

Site Conditions:

Survey Methods and Date:

Record Search Results:

Are any Native American Tribes expected to be concerned about the proposed maintenance? :

Yes No

If yes, indentify the tribe and their potential concerns?

Archaeological Survey Results:

MAINTENANCE IMPACTS

Is there a moderate or high potential for archaeological resources to occur in or adjacent to the impact area: Yes No

MITIGATION

Environmental Mitigation Requirements:

What, if any, PEIR mitigation measures are applicable?

What, if any, other measures are required?

ADDITIONAL COMMENTS OR RECOMMENDATIONS