



Applicability
Department Wide

Effective Date
December 1, 2017

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Policy Number
12.1.2017

POLICY

Traditional Cultural Properties (TCPs)

Approved

Allyson Brooks, Director
State Historic Preservation Officer

12.1.2017
Date Signed

Purpose

To ensure that Traditional Cultural Property (TCP) information disclosed with the Department of Archaeology and Historic Preservation (DAHP) is secure.

Policy

TCP information submitted to the DAHP will be kept secure and only accessible internal DAHP staff for review purposes; with the exception of specific TCPs authorized for display on the secure side of WISAARD by submitting Tribes or groups. Such authorization shall be attached to the Traditional Cultural Property Inventory Template as Part II or as another type of correspondence.

In the event that DAHP receives a public records request that involves a TCP, DAHP shall notify and request permission from the Tribe or group whom provided the original TCP information before releasing said documents. If there is an objection, DAHP will withhold the information per **RCW 42.56.300(3)(c)**.

Definitions

A Traditional Cultural Property is a property or a place that is inventoried, or determined eligible for inclusion on the National Register of Historic Places or the Washington Heritage Register because of its association with cultural practices and beliefs that are (1) rooted in the community's history, and (2) are important to maintaining the continuing cultural identity of the community's traditional beliefs and practices.

Traditional Cultural Property Inventory Template

Smithsonian No.:

*County(s):

Part I Part II

Part I

*Date: *Compiler:
 Additional Information Restrictions: (Yes/No/Unknown):
 Affiliation(s):

Site Designation

Traditional Name:
 Common/local Name:
 Geographic Name (if applicable):

Location

*USGS Quad Map Name(s): Series: Date:
 *Legal Description: T R E/W: Section(s):
 Quarter Section(s):
 UTM: Zone Easting Northing
 Latitude: Longitude: Elevation (ft/m):
 Other Maps: Type:
 Scale: Source:
 Drainage, Major: Drainage, Minor: River Mile:
 Aspect: Slope:

*Location Description (General to Specific):

*Directions (For Relocation Purposes):

Ethnographic Site Description

***Site Type:** Pre Contact Traditional Cultural Property

***Functional and/or Cultural Uses:**

***Vegetation (On Site):**

Local: _____ **Regional:** _____

***Landforms (On Site):**

Local: _____

***Water Resources (Type):**

Distance: _____

Permanence: _____

***Ethnographically Defined Site Boundaries:**

Physical Site Description

***Dimensions (Overall Site Dimensions):**

***Length:** _____ ***Direction:** _____ x ***Width:** _____ ***Direction:** _____

***Method of Horizontal Measurement:**

***Depth:** _____ *** Method of Vertical Measurement:**

***Boundary Justification:**

***Vegetation (On Site):**

Local: _____ **Regional:** _____

Landforms (On Site):

Local: _____

Water Resources (Type):

Distance: _____

Permanence: _____

***Narrative Description:**

***Site integrity assessment:** Intact Altered Unknown **Explain:**

Specific Ethnographic Information

*** Current Use:**

*** Past Use:**

Interview Information

Information Sources (List all information necessary for retrieval):

Audio file	Accession Information:		
	Interview With:	Conducted By:	Date:
Video file	Accession Information:		
	Interview With:	Conducted By:	Date:

Personal Communication: Interview With: _____ Conducted By: _____ Date: _____

Lecture (Complete Citation):

Other:

Associated Sites On File With Dahp (List As Many As Necessary)

Pre-Contact:	Smithsonian Numbers:
Historic:	Smithsonian Numbers:

TCP History

***Previous Research** (Specify the previous TCP, archaeological, and/or historical work done at this location. / If none, please put N/A here.):

References

***Bibliographic References** (Specify the documents used in research/ If no research was conducted, please put N/A here.):

Land Ownership

***Owner:**

***Address:**

***Tax Lot/ Parcel No:**

TCP ACCESS

***Access to Property?**

Yes

Since when:

No

Since when:

Unknown

TCP CONSULTANTS

Name:

Affiliation :

Contact Information (Email, phone, address) :

Name:

Affiliation:

Contact Information (Email, phone, address) :

Name:

Affiliation:

Contact Information (Email, phone, address) :

TCP Recorders

Observed by:

Address:

***Date Recorded:**

***Recorded by:**

***Organization:**

***Organization Phone Number:**

***Organization Address:**

***Organization E-mail:**

Date Revisited:

Revisited By:

USGS Map

***Quad Name(s):**

***Series:**

***Date(s):**

***INSERT 7.5 MIN USGS MAP HERE**
***DELINEATE CULTURAL AREA WITH BOUNDARIES**
*** INSERT LEGEND HERE**

SKETCH MAP

***Sketch Map Description:**

***INSERT SKETCH MAP HERE**

***Legend:**

Known Boundary

Symbology: - - - - -

Possible Boundary

Symbology: 

Other Symbols (Other Than USGS):

*** Or INSERT LEGEND HERE**

***Scale:**

***North Arrow** (*Magnetic/True North*):

Photograph(s)

Archival Photographs

***Source Information:**

*** Photograph Description(s):**

Copyright or other restriction?:

***INSERT PHOTOGRAPH(S) HERE**

Contemporary Photographs

***Source Information:**

***Photograph Description(s):**

Copyright or other restriction?:

***INSERT PHOTOGRAPH(S) HERE**

Part II

Release Of Information

Please select one option: **Option A** or **Option B**

Option A

The confidential information attached is hereby released by the _____ to the Department of Archaeology and Historic Preservation of Washington State (hereafter referred to as DAHP) with the understanding that it will be published to the secured side of DAHP's web portal WISAARD; accessible only to vetted professional archaeologists, qualified researchers and need-to-know federal, state and local land managers.

Staff Date

Archivist Date

Option B

The confidential information attached is hereby released by the _____ to the Department of Archaeology and Historic Preservation of Washington State (hereafter referred to as DAHP) and will **NOT** be published on to the secured side of DAHP's web portal WISAARD.

This agreement may be revised or amended by mutual consent of the parties undersigned.
In full accord with the provisions of the Release of Information, I hereunto set my hand.

Staff Date

Archivist Date

Received on this day,

State Historic Preservation Officer Date
Department of Archaeology and Historic Preservation or
Delegate