

## THE COMMONWEALTH OF MASSACHUSETTS BOARD OF UNDERWATER ARCHAEOLOGICAL RESOURCES 251 Causeway Street, Suite 800, Boston, MA 02114

## NOMINATION FOR UNDERWATER ARCHAEOLOGICAL PRESERVE

In accordance with 312 CMR 2, rules and regulations established by the Board of Underwater Archaeological Resources under MGL C. 91, s. 63, as amended, the undersigned herewith makes nomination of underwater archaeological resources to be designated an underwater archaeological preserve pursuant to section 2.15(3) of those rules and regulations.

## PLEASE TYPE OR PRINT LEGIBLY

|  | DAY:EVENING:   |           |
|--|--|-----------|
| EMAIL ADDRESS:   |  |           |
| SITE LOCATION  |  |           |
| Name of Site:  |  |           |
|  | Name of water body:  |           |
|  | Depth of water:  |           |
|  |  |           |
|  |  |           |
| (Indicate the exact location on attached NO  | DAA nautical chart or USGS topographic map, specify technique used to fix position   | , and     |
|  |  |           |
| note other identifying features which define   | e location of the site. You may also be required by the Board to complete a site file  | form.     |
|  |  | form.     |
| Use the space provided and attach sheets   |  |           |
| Use the space provided and attach sheets   | if necessary to complete this section.)  |           |
| Use the space provided and attach sheets   | if necessary to complete this section.)  |           |
| Use the space provided and attach sheets   | if necessary to complete this section.)  |           |
| Use the space provided and attach sheets   | if necessary to complete this section.) VATER ARCHAEOLOGICAL RESOURCE  |           |
| Use the space provided and attach sheets<br>DESCRIPTION OF THE UNDERV<br>(include physical condition; attach   | if necessary to complete this section.) VATER ARCHAEOLOGICAL RESOURCE  |           |
| Use the space provided and attach sheets<br>DESCRIPTION OF THE UNDERV<br>(include physical condition; attach   | if necessary to complete this section.) VATER ARCHAEOLOGICAL RESOURCE  |           |
| Use the space provided and attach sheets<br>DESCRIPTION OF THE UNDERV<br>(include physical condition; attach   | if necessary to complete this section.) VATER ARCHAEOLOGICAL RESOURCE  |           |
| Use the space provided and attach sheets<br>DESCRIPTION OF THE UNDERV<br>(include physical condition; attach   | if necessary to complete this section.) VATER ARCHAEOLOGICAL RESOURCE  |           |
| Use the space provided and attach sheets<br>DESCRIPTION OF THE UNDERV<br>(include physical condition; attach<br>A STATEMENT OF ANY EVIDEN  | if necessary to complete this section.) VATER ARCHAEOLOGICAL RESOURCE  |           |
| Use the space provided and attach sheets<br>DESCRIPTION OF THE UNDERV<br>(include physical condition; attach<br>A STATEMENT OF ANY EVIDEN<br>YOU MAY INCLUDE ANY OTHE                                    | if necessary to complete this section.) VATER ARCHAEOLOGICAL RESOURCE images) CE CONCERNING PLACEMENT: R INFORMATION YOU BELIEVE MAY ASSIST THE BOARD IN A | ASSESSING |
| Use the space provided and attach sheets<br>DESCRIPTION OF THE UNDERV<br>(include physical condition; attach<br>A STATEMENT OF ANY EVIDEN<br>YOU MAY INCLUDE ANY OTHE                                    | if necessary to complete this section.) VATER ARCHAEOLOGICAL RESOURCE images) CE CONCERNING PLACEMENT:   | ASSESSING |
| Use the space provided and attach sheets<br>DESCRIPTION OF THE UNDERV<br>(include physical condition; attach<br>A STATEMENT OF ANY EVIDEN<br>YOU MAY INCLUDE ANY OTHE                                    | if necessary to complete this section.) VATER ARCHAEOLOGICAL RESOURCE images) CE CONCERNING PLACEMENT: R INFORMATION YOU BELIEVE MAY ASSIST THE BOARD IN A | ASSESSING |
| Use the space provided and attach sheets<br>DESCRIPTION OF THE UNDERV<br>(include physical condition; attach<br>A STATEMENT OF ANY EVIDEN<br>YOU MAY INCLUDE ANY OTHE<br>YOUR APPLICATION (Attach additi | if necessary to complete this section.) VATER ARCHAEOLOGICAL RESOURCE images) CE CONCERNING PLACEMENT: R INFORMATION YOU BELIEVE MAY ASSIST THE BOARD IN A | ASSESSING |

(Signature)

(Date)

(Type or Print Name)

FOR OFFICIAL USE ONLY (DO NOT COMPLETE THIS SECTION) Date and Time Received: