

Tribal/NHO Involvement

| | |
|--|---|
| 1) Have Indian Tribes or Native Hawaiian Organizations (NHOs) been identified that may attach religious and cultural significance to historic properties which may be affected by the undertaking within the APEs for direct and visual effects? | (<input checked="" type="checkbox"/>) Yes (<input type="checkbox"/>) No |
| 2a) Tribes/NHOs contacted through TCNS Notification Number: <u>136392</u> Number of Tribes/NHOs: <u>26</u> | |
| 2b) Tribes/NHOs contacted through an alternate system: Number of Tribes/NHOs: <u>0</u> | |

Tribal/NHO Contacted Through TCNS

| |
|--|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Lac du Flambeau Band of Lake Superior Chippewa Indians |

Contact Name

| | | | |
|-------------------------------|-----------------|----------------------------|------------|
| 5) First Name: Melinda | 6) MI: J | 7) Last Name: Young | 8) Suffix: |
| 9) Title: THPO | | | |

Dates & Response

| | |
|--|------------------------------------|
| 10) Date Contacted <u>02/18/2016</u> | 11) Date Replied <u>02/25/2016</u> |
| <input type="checkbox"/> No Reply <input type="checkbox"/> Replied/No Interest <input type="checkbox"/> Replied/Have Interest <input checked="" type="checkbox"/> Replied/Other | |

Tribal/NHO Contacted Through TCNS

| |
|---|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Lac Vieux Desert Band of Lake Superior Chippewa Indians |

Contact Name

| | | | |
|---|--------|-----------------------------|----------------------|
| 5) First Name: Giiwegiizhigookway | 6) MI: | 7) Last Name: Martin | 8) Suffix: Ms |
| 9) Title: THPO and NAGPRA Representative | | | |

Dates & Response

| | |
|--|------------------------------------|
| 10) Date Contacted <u>02/17/2016</u> | 11) Date Replied <u>02/17/2016</u> |
| <input type="checkbox"/> No Reply <input type="checkbox"/> Replied/No Interest <input type="checkbox"/> Replied/Have Interest <input checked="" type="checkbox"/> Replied/Other | |

Tribal/NHO Involvement

| | |
|--|---|
| 1) Have Indian Tribes or Native Hawaiian Organizations (NHOs) been identified that may attach religious and cultural significance to historic properties which may be affected by the undertaking within the APEs for direct and visual effects? | (<input checked="" type="checkbox"/>) Yes (<input type="checkbox"/>) No |
| 2a) Tribes/NHOs contacted through TCNS Notification Number: <u>136392</u> Number of Tribes/NHOs: <u>26</u> | |
| 2b) Tribes/NHOs contacted through an alternate system: Number of Tribes/NHOs: <u>0</u> | |

Tribal/NHO Contacted Through TCNS

| |
|---|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Miami Tribe of Oklahoma |

Contact Name

| | | | |
|-----------------------------|--------|-----------------------------|------------|
| 5) First Name: Diane | 6) MI: | 7) Last Name: Hunter | 8) Suffix: |
| 9) Title: THPO | | | |

Dates & Response

| | |
|--|------------------------------------|
| 10) Date Contacted <u>02/17/2016</u> | 11) Date Replied <u>02/17/2016</u> |
| <input type="checkbox"/> No Reply <input type="checkbox"/> Replied/No Interest <input type="checkbox"/> Replied/Have Interest <input checked="" type="checkbox"/> Replied/Other | |

Tribal/NHO Contacted Through TCNS

| |
|---|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Omaha Tribe of Nebraska |

Contact Name

| | | | |
|------------------------------|--------|-----------------------------|------------|
| 5) First Name: Thomas | 6) MI: | 7) Last Name: Parker | 8) Suffix: |
| 9) Title: THPO | | | |

Dates & Response

| | |
|--|------------------------------------|
| 10) Date Contacted <u>02/18/2016</u> | 11) Date Replied <u>02/18/2016</u> |
| <input type="checkbox"/> No Reply <input type="checkbox"/> Replied/No Interest <input type="checkbox"/> Replied/Have Interest <input checked="" type="checkbox"/> Replied/Other | |

Tribal/NHO Involvement

| | |
|--|---|
| 1) Have Indian Tribes or Native Hawaiian Organizations (NHOs) been identified that may attach religious and cultural significance to historic properties which may be affected by the undertaking within the APEs for direct and visual effects? | <input checked="" type="checkbox"/> Yes () No |
| 2a) Tribes/NHOs contacted through TCNS Notification Number: <u>136392</u> Number of Tribes/NHOs: <u>26</u> | |
| 2b) Tribes/NHOs contacted through an alternate system: Number of Tribes/NHOs: <u>0</u> | |

Tribal/NHO Contacted Through TCNS

| |
|--|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Osage Nation |

Contact Name

| | | | |
|----------------------------------|-----------------|-----------------------------|------------|
| 5) First Name: Dr. Andrea | 6) MI: A | 7) Last Name: Hunter | 8) Suffix: |
| 9) Title: THPO | | | |

Dates & Response

| | |
|--|------------------------------------|
| 10) Date Contacted <u>02/17/2016</u> | 11) Date Replied <u>02/17/2016</u> |
| <input type="checkbox"/> No Reply <input type="checkbox"/> Replied/No Interest <input type="checkbox"/> Replied/Have Interest <input checked="" type="checkbox"/> Replied/Other | |

Tribal/NHO Contacted Through TCNS

| |
|--|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Ottawa Tribe of Oklahoma |

Contact Name

| | | | |
|------------------------------|--------|-------------------------------|------------|
| 5) First Name: Cheryl | 6) MI: | 7) Last Name: Stafford | 8) Suffix: |
| 9) Title: EPA | | | |

Dates & Response

| | |
|--|------------------------|
| 10) Date Contacted <u>02/18/2016</u> | 11) Date Replied _____ |
| <input checked="" type="checkbox"/> No Reply <input type="checkbox"/> Replied/No Interest <input type="checkbox"/> Replied/Have Interest <input type="checkbox"/> Replied/Other | |

Tribal/NHO Involvement

| | |
|--|---|
| 1) Have Indian Tribes or Native Hawaiian Organizations (NHOs) been identified that may attach religious and cultural significance to historic properties which may be affected by the undertaking within the APEs for direct and visual effects? | (<input checked="" type="checkbox"/>) Yes () No |
| 2a) Tribes/NHOs contacted through TCNS Notification Number: <u>136392</u> Number of Tribes/NHOs: <u>26</u> | |
| 2b) Tribes/NHOs contacted through an alternate system: Number of Tribes/NHOs: <u>0</u> | |

Tribal/NHO Contacted Through TCNS

| |
|---|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Peoria Tribe of Indians of Oklahoma |

Contact Name

| | | | |
|--|-----------------|---------------------------------|------------|
| 5) First Name: Logan | 6) MI: R | 7) Last Name: Pappenfort | 8) Suffix: |
| 9) Title: Special Projects Manager/NAGPRA | | | |

Dates & Response

| | |
|--|------------------------|
| 10) Date Contacted <u>02/17/2016</u> | 11) Date Replied _____ |
| (<input checked="" type="checkbox"/>) No Reply | |
| () Replied/No Interest | |
| () Replied/Have Interest | |
| () Replied/Other | |

Tribal/NHO Contacted Through TCNS

| |
|--|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Pokagon Band of Potawatomi Indians |

Contact Name

| | | | |
|---|--------|---------------------------------|------------|
| 5) First Name: Marcus | 6) MI: | 7) Last Name: Winchester | 8) Suffix: |
| 9) Title: Tribal Historic Preservation Officer | | | |

Dates & Response

| | |
|--|------------------------|
| 10) Date Contacted <u>02/18/2016</u> | 11) Date Replied _____ |
| (<input checked="" type="checkbox"/>) No Reply | |
| () Replied/No Interest | |
| () Replied/Have Interest | |
| () Replied/Other | |

Tribal/NHO Involvement

| | |
|--|---|
| 1) Have Indian Tribes or Native Hawaiian Organizations (NHOs) been identified that may attach religious and cultural significance to historic properties which may be affected by the undertaking within the APEs for direct and visual effects? | (<input checked="" type="checkbox"/>) <u>Yes</u> (<input type="checkbox"/>) <u>No</u> |
| 2a) Tribes/NHOs contacted through TCNS Notification Number: <u>136392</u> Number of Tribes/NHOs: <u>26</u> | |
| 2b) Tribes/NHOs contacted through an alternate system: Number of Tribes/NHOs: <u>0</u> | |

Tribal/NHO Contacted Through TCNS

| |
|--|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Ponca Tribe of Indians of Oklahoma |

Contact Name

| | | | |
|----------------------------|--------|---------------------------|-----------------------|
| 5) First Name: Earl | 6) MI: | 7) Last Name: Howe | 8) Suffix: III |
| 9) Title: Chairman | | | |

Dates & Response

| | |
|---|------------------------------------|
| 10) Date Contacted <u>02/18/2016</u> | 11) Date Replied <u>02/23/2016</u> |
| (<input type="checkbox"/>) No Reply | |
| (<input type="checkbox"/>) Replied/No Interest | |
| (<input type="checkbox"/>) Replied/Have Interest | |
| (<input checked="" type="checkbox"/>) Replied/Other | |

Tribal/NHO Contacted Through TCNS

| |
|--|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Prairie Band Potawatomi Nation |

Contact Name

| | | | |
|--|--------|-------------------------------|------------|
| 5) First Name: Hattie | 6) MI: | 7) Last Name: Mitchell | 8) Suffix: |
| 9) Title: Tribal Historical Cultural Preservation | | | |

Dates & Response

| | |
|--|------------------------|
| 10) Date Contacted <u>02/18/2016</u> | 11) Date Replied _____ |
| (<input checked="" type="checkbox"/>) No Reply | |
| (<input type="checkbox"/>) Replied/No Interest | |
| (<input type="checkbox"/>) Replied/Have Interest | |
| (<input type="checkbox"/>) Replied/Other | |

Tribal/NHO Involvement

| | |
|--|---|
| 1) Have Indian Tribes or Native Hawaiian Organizations (NHOs) been identified that may attach religious and cultural significance to historic properties which may be affected by the undertaking within the APEs for direct and visual effects? | (<input checked="" type="checkbox"/>) <u>Yes</u> (<input type="checkbox"/>) <u>No</u> |
| 2a) Tribes/NHOs contacted through TCNS Notification Number: <u>136392</u> | Number of Tribes/NHOs: <u>26</u> |
| 2b) Tribes/NHOs contacted through an alternate system: | Number of Tribes/NHOs: <u>0</u> |

Tribal/NHO Contacted Through TCNS

| |
|--|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Quapaw Tribe of Oklahoma |

Contact Name

| | | | |
|-------------------------------|--------|----------------------------|------------|
| 5) First Name: Everett | 6) MI: | 7) Last Name: Bandy | 8) Suffix: |
| 9) Title: THPO | | | |

Dates & Response

| | |
|--|------------------------|
| 10) Date Contacted <u>02/17/2016</u> | 11) Date Replied _____ |
| <input checked="" type="checkbox"/> No Reply <input type="checkbox"/> Replied/No Interest <input type="checkbox"/> Replied/Have Interest <input type="checkbox"/> Replied/Other | |

Tribal/NHO Contacted Through TCNS

| |
|---|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Red Cliff Band of Lake Superior Chippewa Indians of Wisconsin |

Contact Name

| | | | |
|-----------------------------|--------|-----------------------------|------------|
| 5) First Name: Larry | 6) MI: | 7) Last Name: Balber | 8) Suffix: |
| 9) Title: THPO | | | |

Dates & Response

| | |
|--|------------------------------------|
| 10) Date Contacted <u>02/17/2016</u> | 11) Date Replied <u>02/29/2016</u> |
| <input type="checkbox"/> No Reply <input type="checkbox"/> Replied/No Interest <input checked="" type="checkbox"/> Replied/Have Interest <input type="checkbox"/> Replied/Other | |

Tribal/NHO Involvement

| | |
|--|---|
| 1) Have Indian Tribes or Native Hawaiian Organizations (NHOs) been identified that may attach religious and cultural significance to historic properties which may be affected by the undertaking within the APEs for direct and visual effects? | (<input checked="" type="checkbox"/>) <u>Yes</u> (<input type="checkbox"/>) <u>No</u> |
| 2a) Tribes/NHOs contacted through TCNS Notification Number: <u>136392</u> | Number of Tribes/NHOs: <u>26</u> |
| 2b) Tribes/NHOs contacted through an alternate system: | Number of Tribes/NHOs: <u>0</u> |

Tribal/NHO Contacted Through TCNS

| |
|--|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Red Lake Band of Chippewa Indians of Minnesota |

Contact Name

| | | | |
|--|-----------------|-----------------------------|----------------------|
| 5) First Name: Kade | 6) MI: M | 7) Last Name: Ferris | 8) Suffix: MS |
| 9) Title: Tribal Archaeologist/THPO | | | |

Dates & Response

| | |
|---|------------------------------------|
| 10) Date Contacted <u>02/17/2016</u> | 11) Date Replied <u>03/02/2016</u> |
| (<input type="checkbox"/>) No Reply | |
| (<input type="checkbox"/>) Replied/No Interest | |
| (<input type="checkbox"/>) Replied/Have Interest | |
| (<input checked="" type="checkbox"/>) Replied/Other | |

Tribal/NHO Contacted Through TCNS

| |
|---|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Shawnee Tribe |

Contact Name

| | | | |
|---------------------------|--------|-----------------------------|------------|
| 5) First Name: Kim | 6) MI: | 7) Last Name: Jumper | 8) Suffix: |
| 9) Title: THPO | | | |

Dates & Response

| | |
|---|------------------------------------|
| 10) Date Contacted <u>02/18/2016</u> | 11) Date Replied <u>03/03/2016</u> |
| (<input type="checkbox"/>) No Reply | |
| (<input type="checkbox"/>) Replied/No Interest | |
| (<input type="checkbox"/>) Replied/Have Interest | |
| (<input checked="" type="checkbox"/>) Replied/Other | |

Tribal/NHO Involvement

| | |
|--|---|
| 1) Have Indian Tribes or Native Hawaiian Organizations (NHOs) been identified that may attach religious and cultural significance to historic properties which may be affected by the undertaking within the APEs for direct and visual effects? | (<input checked="" type="checkbox"/>) Yes (<input type="checkbox"/>) No |
| 2a) Tribes/NHOs contacted through TCNS Notification Number: <u>136392</u> Number of Tribes/NHOs: <u>26</u> | |
| 2b) Tribes/NHOs contacted through an alternate system: Number of Tribes/NHOs: <u>0</u> | |

Tribe/NHO Contacted Through TCNS

| |
|--|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Sisseton-Wahpeton Oyate of the Lake Traverse Reservation |

Contact Name

| | | | |
|---|--------|---------------------------------|------------|
| 5) First Name: Dianne | 6) MI: | 7) Last Name: Desrosiers | 8) Suffix: |
| 9) Title: THPO & Tribal Anthropologist | | | |

Dates & Response

| | |
|--|------------------------------------|
| 10) Date Contacted <u>02/18/2016</u> | 11) Date Replied <u>02/22/2016</u> |
| <input type="checkbox"/> No Reply <input type="checkbox"/> Replied/No Interest <input type="checkbox"/> Replied/Have Interest <input checked="" type="checkbox"/> Replied/Other | |

Tribe/NHO Contacted Through TCNS

| |
|---|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: United Keetoowah Band of Cherokee Indians in Oklahoma |

Contact Name

| | | | |
|------------------------------|--------|------------------------------------|------------|
| 5) First Name: Eric | 6) MI: | 7) Last Name: Oosahwee-Voss | 8) Suffix: |
| 9) Title: Acting THPO | | | |

Dates & Response

| | |
|--|------------------------|
| 10) Date Contacted <u>02/18/2016</u> | 11) Date Replied _____ |
| <input checked="" type="checkbox"/> No Reply <input type="checkbox"/> Replied/No Interest <input type="checkbox"/> Replied/Have Interest <input type="checkbox"/> Replied/Other | |

Tribal/NHO Involvement

| | |
|--|---|
| 1) Have Indian Tribes or Native Hawaiian Organizations (NHOs) been identified that may attach religious and cultural significance to historic properties which may be affected by the undertaking within the APEs for direct and visual effects? | (<input checked="" type="checkbox"/>) Yes (<input type="checkbox"/>) No |
| 2a) Tribes/NHOs contacted through TCNS Notification Number: <u>136392</u> Number of Tribes/NHOs: <u>26</u> | |
| 2b) Tribes/NHOs contacted through an alternate system: Number of Tribes/NHOs: <u>0</u> | |

Tribal/NHO Contacted Through TCNS

| |
|--|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Upper Sioux Community of Minnesota |

Contact Name

| | | | |
|----------------------------|--------|-------------------------------|------------|
| 5) First Name: Sara | 6) MI: | 7) Last Name: Childers | 8) Suffix: |
| 9) Title: THPO | | | |

Dates & Response

| | |
|---|------------------------------------|
| 10) Date Contacted <u>02/18/2016</u> | 11) Date Replied <u>02/18/2016</u> |
| (<input type="checkbox"/>) No Reply | |
| (<input type="checkbox"/>) Replied/No Interest | |
| (<input checked="" type="checkbox"/>) Replied/Have Interest | |
| (<input type="checkbox"/>) Replied/Other | |

Tribal/NHO Contacted Through TCNS

| |
|--|
| 3) Tribe/NHO FRN: |
| 4) Tribe/NHO Name: Wyandotte Nation |

Contact Name

| | | | |
|------------------------------|--------|------------------------------|------------|
| 5) First Name: Sherri | 6) MI: | 7) Last Name: Clemons | 8) Suffix: |
| 9) Title: THPO | | | |

Dates & Response

| | |
|--|------------------------|
| 10) Date Contacted <u>02/18/2016</u> | 11) Date Replied _____ |
| (<input checked="" type="checkbox"/>) No Reply | |
| (<input type="checkbox"/>) Replied/No Interest | |
| (<input type="checkbox"/>) Replied/Have Interest | |
| (<input type="checkbox"/>) Replied/Other | |

Other Tribes/NHOs Contacted

Tribe/NHO Information

| |
|-----------------------------------|
| 1) FCC Registration Number (FRN): |
| 2) Name: |

Contact Name

| | | | |
|----------------|--------|---------------|------------|
| 3) First Name: | 4) MI: | 5) Last Name: | 6) Suffix: |
| 7) Title: | | | |

Contact Information

| | | | |
|--|---------|--------------------|---------------|
| 8) P.O. Box: | And /Or | 9) Street Address: | |
| 10) City: | | 11) State: | 12) Zip Code: |
| 13) Telephone Number: | | 14) Fax Number: | |
| 15) E-mail Address: | | | |
| 16) Preferred means of communication: <input type="checkbox"/> E-mail <input type="checkbox"/> Letter <input type="checkbox"/> Both | | | |

Dates & Response

| | |
|--|------------------------|
| 17) Date Contacted _____ | 18) Date Replied _____ |
| <input type="checkbox"/> No Reply | |
| <input type="checkbox"/> Replied/No Interest | |
| <input type="checkbox"/> Replied/Have Interest | |
| <input type="checkbox"/> Replied/Other | |

Historic Properties

Properties Identified

| | |
|--|---|
| 1) Have any historic properties been identified within the APEs for direct and visual effect? | (<input checked="" type="checkbox"/>) <u>Yes</u> () <u>No</u> |
| 2) Has the identification process located archaeological materials that would be directly affected, or sites that are of cultural or religious significance to Tribes/NHOs? | () <u>Yes</u> (<input checked="" type="checkbox"/>) <u>No</u> |
| 3) Are there more than 10 historic properties within the APEs for direct and visual effect? If "Yes", you are required to attach a Cultural Resources Report in lieu of adding the Historic Property below. | () <u>Yes</u> (<input checked="" type="checkbox"/>) <u>No</u> |

Historic Property

| |
|---|
| 4) Property Name: Grabert House |
| 5) SHPO Site Number: 129-088-35038 |

Property Address

| | | |
|---|---------------------|---------------------------|
| 6) Street Address: Lower Mount Vernon Road | | |
| 7) City: Mount Vernon | 8) State: IN | 9) Zip Code: 47620 |
| 10) County/Borough/Parish: POSEY | | |

Status & Eligibility

| | |
|--|---|
| 11) Is this property listed on the National Register? Source: _____ | () <u>Yes</u> (<input checked="" type="checkbox"/>) <u>No</u> |
| 12) Is this property eligible for listing on the National Register? Source: _____ | () <u>Yes</u> (<input checked="" type="checkbox"/>) <u>No</u> |
| 13) Is this property a National Historic Landmark? | () <u>Yes</u> (<input checked="" type="checkbox"/>) <u>No</u> |

| |
|---|
| 14) Direct Effects (Select One): <input checked="" type="checkbox"/> No Effect on this Historic Property in APE <input type="checkbox"/> No Adverse Effect on this Historic Property in APE <input type="checkbox"/> Adverse Effect on this Historic Property in APE |
| 15) Visual Effects (Select One): <input type="checkbox"/> No Effect on this Historic Property in APE <input checked="" type="checkbox"/> No Adverse Effect on this Historic Property in APE <input type="checkbox"/> Adverse Effect on this Historic Property in APE |

Local Government Involvement

Local Government Agency

| |
|---|
| 1) FCC Registration Number (FRN): |
| 2) Name: Posey Area County Plan Commission |

Contact Name

| | | | |
|-------------------------------------|--------|-----------------------------|------------|
| 3) First Name: Mindy | 4) MI: | 5) Last Name: Bourne | 6) Suffix: |
| 7) Title: Executive Director | | | |

Contact Information

| | | | |
|--|---------|--|----------------------------|
| 8) P.O. Box: | And /Or | 9) Street Address: 126 E. Third Street Room 223 | |
| 10) City: Mount Vernon | | 11) State: IN | 12) Zip Code: 47620 |
| 13) Telephone Number: (812)838-1323 | | 14) Fax Number: | |
| 15) E-mail Address: areaplancommission@poseycountyin.gov | | | |
| 16) Preferred means of communication: () E-mail (X) Letter () Both | | | |

Dates & Response

| | |
|--------------------------------------|------------------------|
| 17) Date Contacted 02/24/2016 | 18) Date Replied _____ |
| (X) No Reply | |
| () Replied/No Interest | |
| () Replied/Have Interest | |
| () Replied/Other | |

Additional Information

| |
|--|
| 19) Information on local government's role or interest (optional): |
|--|

Other Consulting Parties

Other Consulting Parties Contacted

| | |
|--|---|
| 1) Has any other agency been contacted and invited to become a consulting party? | (<input checked="" type="checkbox"/>) Yes (<input type="checkbox"/>) No |
|--|---|

Consulting Party

| |
|--|
| 2) FCC Registration Number (FRN): |
| 3) Name: Posey County Historian |

Contact Name

| | | | |
|-----------------------------|--------|-----------------------------|------------|
| 4) First Name: Glenn | 5) MI: | 6) Last Name: Curtis | 7) Suffix: |
| 8) Title: Historian | | | |

Contact Information

| | | | |
|---|---------|---|----------------------------|
| 9) P.O. Box: | And /Or | 10) Street Address: 9016 Schroeder Court | |
| 11) City: Mount Vernon | | 12) State: IN | 13) Zip Code: 47620 |
| 14) Telephone Number: (812)985-9346 | | 15) Fax Number: | |
| 16) E-mail Address: poseycountyclerk@poseycountygov.org | | | |
| 17) Preferred means of communication: (<input type="checkbox"/>) E-mail (<input checked="" type="checkbox"/>) Letter (<input type="checkbox"/>) Both | | | |

Dates & Response

| | |
|---|------------------------------------|
| 18) Date Contacted <u>02/24/2016</u> | 19) Date Replied <u>02/29/2016</u> |
| (<input type="checkbox"/>) No Reply | |
| (<input checked="" type="checkbox"/>) Replied/No Interest | |
| (<input type="checkbox"/>) Replied/Have Interest | |
| (<input type="checkbox"/>) Replied/Other | |

Additional Information

| |
|---|
| 20) Information on other consulting parties' role or interest (optional): |
|---|

Other Consulting Parties

Other Consulting Parties Contacted

| | |
|--|---|
| 1) Has any other agency been contacted and invited to become a consulting party? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Consulting Party

| |
|---|
| 2) FCC Registration Number (FRN): |
| 3) Name: Posey County Historical Society |

Contact Name

| | | | |
|-----------------------------|--------|------------------------------|------------|
| 4) First Name: Becky | 5) MI: | 6) Last Name: Higgins | 7) Suffix: |
| 8) Title: President | | | |

Contact Information

| | | |
|---|----------------------|----------------------------|
| 9) P.O. Box: 171 | And /Or | 10) Street Address: |
| 11) City: Mount Vernon | 12) State: IN | 13) Zip Code: 47620 |
| 14) Telephone Number: (812)838-1344 | 15) Fax Number: | |
| 16) E-mail Address: belthi@aol.com | | |
| 17) Preferred means of communication: <input type="checkbox"/> E-mail <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Both | | |

Dates & Response

| | |
|--|------------------------|
| 18) Date Contacted <u>02/24/2016</u> | 19) Date Replied _____ |
| <input checked="" type="checkbox"/> No Reply <input type="checkbox"/> Replied/No Interest <input type="checkbox"/> Replied/Have Interest <input type="checkbox"/> Replied/Other | |

Additional Information

| |
|---|
| 20) Information on other consulting parties' role or interest (optional): |
|---|

Designation of SHPO/THPO

1) Designate the Lead State Historic Preservation Officer (SHPO) or Tribal Historic Preservation Officer (THPO) based on the location of the tower.

SHPO/THPO

| |
|---|
| Name: Indiana Natural Resources Department (Deputy SHPO) |
|---|

2) You may also designate up to three additional SHPOs/THPOs if the APEs include multiple states. If the APEs include other countries, enter the name of the National Historic Preservation Agency and any state and provincial Historic Preservation Agency.

| |
|-----------------------|
| SHPO/THPO Name: _____ |
| SHPO/THPO Name: _____ |
| SHPO/THPO Name: _____ |

Certification

| | | | |
|---|-----|---------------------------|-------------------------|
| I certify that all representations on this FCC Form 620 Submission Packet and the accompanying attachments are true, correct, and complete. | | | |
| Party Authorized to Sign | | | |
| First Name: Stephen | MI: | Last Name: Forrest | Suffix: |
| Signature: Stephen Forrest | | | Date: 04/25/2016 |
| FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID. | | | |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503). | | | |

Attachments :

| Type | Description | Date Entered |
|--|-------------------------------|--------------|
| Resumes/Vitae | Attachment 01 | 04/22/2016 |
| Photographs | Attachment 02 | 04/22/2016 |
| Map Documents | Attachment 03 | 04/22/2016 |
| Additional Site Information | Attachment 04 | 04/22/2016 |
| Area of Potential Effects | Attachment 05 | 04/22/2016 |
| Tribal/NHO Involvement | Attachment 06 | 04/22/2016 |
| Historic Properties for Direct Effects | Attachment 07 | 04/22/2016 |
| Historic Properties for Visual Effects | Attachment 08 | 04/22/2016 |
| Local Government Involvement | Attachment 09 | 04/22/2016 |
| State-Specific Forms | Attachment 11 | 04/22/2016 |
| Public Involvement | Attachment 10 | 04/25/2016 |

NT SUBMISSION PACKET -- FCC FORM 620

Approved by OMB
3060-1039
See instructions for
public burden estimates

Attachment I. Consultant Information

Provide a current copy of the résumé or curriculum vitae for the Principal Investigator and any researcher or other person who contributed to, reviewed, or provided significant input into the research, analysis, writing or conclusions presented in this filing.

The résumé for the Principal Investigator and any researcher or other person who contributed to, reviewed, or provided significant input into the research, analysis, writing or conclusions are presented in this submission.

Applicant's Name: Crown Castle
Project Name: EV Mount Vernon East
Project Number: 821095

SUMMARY OF EXPERIENCE

Stephen Forrest is a Program Manager/Historian/ Environmental Scientist specializing in Section 106 and NEPA environmental compliance reviews for the telecommunications industry as well as environmental investigations and site assessments. Mr. Forrest has more than 10 years of professional experience researching, writing, evaluating the National Register eligibility of properties and assessing effects of projects on historic properties under Section 106 of the National Historic Preservation Act. Mr. Forrest meets the requirement as a historian as specified in 36CFR61 by the Department of the Interior and is a LEED accredited professional.

At EBI, Mr. Forrest focuses on Federal Communication Commission (FCC) Section 106 projects for wireless industry clients, including cellular/PCS companies, tower construction companies, and turnkey telecommunications network development companies. These environmental reviews include analysis of historic properties and sites, wetlands, endangered species habitats, floodplains, and other areas of environmental concern and address the potential impacts of telecommunication installations upon these sites. Mr. Forrest has executed dozens of visual effects assessments, architectural field surveys, historic property evaluations, and Section 106 and NEPA compliance reports on behalf of EBI's clients.

Mr. Forrest has also conducted numerous environmental due diligence assignments for a wide range of properties throughout the New England region. These assessments have been performed to evaluate site conditions, potential off-site liabilities, historic site and vicinity usage, environmental control systems, and site remediation costs in order to advise prospective buyers, current operators, and owners of potential and existing environmental concerns.

RELEVANT PROJECT EXPERIENCE

NEPA ASSESSMENTS: Mr. Forrest prepares and manages NEPA reviews and Environmental Assessments for telecommunications sites throughout the New England area. Mr. Forrest has helped clients facilitate the environmental review process to ensure compliance with Federal Communications Commission (FCC) requirements under the National Environmental Policy Act (NEPA). Environmental reviews include analysis of historic properties, wetlands, endangered species habitat, floodplains, and other areas of environmental concern and the possible impacts of telecommunications installations on these sensitive areas.

CULTURAL RESOURCE ASSESSMENTS: Mr. Forrest has more than 5 years of experience Section 106 Compliance. He has conducted and participated in surveys on a variety of historic property types including rural, urban, commercial, residential, and industrial sites. Mr. Forrest meets the requirement as a historian as specified in 36CFR61 by the Department of the Interior. Mr. Forrest is both an author and reviewer of Cultural Resource reports pertaining to the assessment of above-ground historic resources.

ENVIRONMENTAL SITE ASSESSMENTS: In addition to NEPA/Section 106 assessments Mr. Forrest has successfully completed ASTM and Client-specific Phase I Environmental Site Assessments, Preliminary Environmental Site Screenings, Limited Phase II Subsurface

Investigations for a variety of properties located within the New England area. These assessments have been performed to evaluate site conditions, potential off-site liabilities, environmental control systems, and site remediation costs in order to advise prospective buyers, current operators, and owners of potential and existing environmental concerns. These properties have included industrial, commercial, multi-family residential and mobile telecommunications properties.

EDUCATION

1992 BA, History, Villanova University, Villanova, PA
BA, Political Science, Villanova University, Villanova, PA
1994 Media/Journalism Studies, Emmanuel College, Boston, MA

PROFESSIONAL AFFILIATIONS

U.S. Green Building Council, LEED, AP

PROFESSIONAL REGISTRATIONS

OSHA 40-hour hazardous waste operations (HAZWOPER) certification
Asbestos Inspector Certification from Institute for Environmental Education, Inc. 2005
RF site safety awareness December 2008



Sara Ayers-Rigsby, MA, RPA

Archaeologist III-Principal Investigator

6876 Susquehanna Trail South

York, PA 17403

Office: 571.337.4000

Email: sayersrigsby@ebiconsulting.com

SUMMARY OF EXPERIENCE

Sara Ayers-Rigsby completed her formal education in archaeology and meets the requirements for an archaeologist as outlined by the U.S. Department of the Interior. She is an RPA member experienced in Section 106 Compliance as it pertains to archaeological Phase I, II, and III excavations. She has nine years of experience in the field of cultural resource management and has worked extensively on both prehistoric and historic sites across the United States, including Phase I, II, and III Projects. She has experience in archaeological research, writing, and archiving. She has wide-ranging experience as an archaeologist, including Phase I identification of sites, registration of sites, and Phase III excavations of Archaic and Woodland sites. Her research interests include archaeology and public outreach.

Ms. Ayers-Rigsby’s responsibilities at EBI include helping clients navigate the environmental review process to ensure compliance with Federal Communications Commission (FCC) requirements under the National Environmental Policy Act (NEPA). In her role as Archaeologist III—Principal Investigator for EBI Consulting, Ms. Ayers-Rigsby is responsible for completing archaeological evaluations and mitigations for telecoms projects in the Mid Atlantic, Midwestern, Southeastern, and Trans-Mississippi South United States to the standards of relevant State Historic Preservation Offices in the region in accordance with FCC guidelines.

EDUCATION

| | | | |
|-------------------|---------------|---------------------------------|-------------------------------------|
| MA | February 2009 | Ancient History and Archaeology | Trinity College, Dublin, Ireland |
| MA | December 2006 | Archaeology for Screen Media | University of Bristol, Bristol, UK, |
| BA, Honors | June 2005 | Ancient History and Archaeology | Trinity College, Dublin, Ireland |

RELEVANT PROJECT EXPERIENCE (EXPANDED CV IS AVAILABLE UPON REQUEST)

June 2009-Present, EBI Consulting

Archaeologist III-Principal Investigator. See above. Responsible for managing archaeological projects in the Southeast, Trans Mississippi South, Mid Atlantic, Midwest, and Ohio River Valley to ensure compliance with Section 106, including designing all field surveys based on state and federal regulations, completing field survey identifying archaeological sites, authoring final reports as well as reviewing the work of other archaeologists and archaeological subcontractors. Specific examples include Phase II Evaluations of 18th century sites 44JC1333/Constance Avenue (2014), 44CF0765/Third Branch (2011) and identification and delineation of cemetery 44AP0054 Pamplin VA (2012).

March 2009-June 2009, Rummel, Klepper & Kahl (RKK)

Archaeological Technician. Responsible for excavation in block units, laying out transects, drawing, and identifying prehistoric and historic cultural material. Specific Projects included: Wetland Protection Site Development Phase I and II, Bridge Replacement Phase II, MD 328 Bridge Replacement Phase I and II, Caroline County, Maryland.

October 2008-January 2009, The Louis Berger Group Inc.

Archaeological Technician III (Expert). Phase III/Mitigation of dual component precontact site in Franklin County, Indiana. Responsible for excavation, artifact identification, and unit interpretation and documentation of Phase III Woodland site.

August 2008-October 2008, Cultural Resource Analysts, Inc.

Archaeological Technician II (Experienced). Phase III mitigations of an Archaic site in Morgan County Illinois, and a Woodland site in Pike County, Illinois.

March 2007-July 2008, The Louis Berger Group, Inc.

Archaeological Technician I.: Various counties throughout southeastern and central Indiana, Virginia. Identified numerous sites as part of Phase I worked on a variety of projects including phase II of an early 19th century farmhouse, phase III 19th century cemetery disinterment, and multiple prehistoric sites.

October 2006-February 2007: Wessex Archaeology, Salisbury, U.K.

Site Assistant. Responsibilities included excavation, site photography, archiving, and environmental processing. Succeeded in completing archival record for Wessex's Charter Quay, London site, for deposition in Museum of London archives. Excavated 18th century churchyard in Salisbury, UK, including identification and removal of human remains.

PROFESSIONAL AFFILIATIONS

Society for American Archaeology (SAA)

Mid Atlantic Archaeology Conference (MAAC)

World Archaeology Congress (WAC)

PROFESSIONAL REGISTRATIONS

Register of Professional Archaeologists (RPA)

Advanced Metal Detecting for the Archaeologist (AMDA)

FULL LIST OF PUBLICATIONS AVAILABLE ON REQUEST

NT SUBMISSION PACKET -- FCC FORM 620

Approved by OMB
3060-1039
See instructions for
public burden estimates

Attachment 2. Site Information - Photographs

You are required to provide photographs and maps as part of this filing. Additional site information can be provided in an optional attachment.

Photograph Requirements:

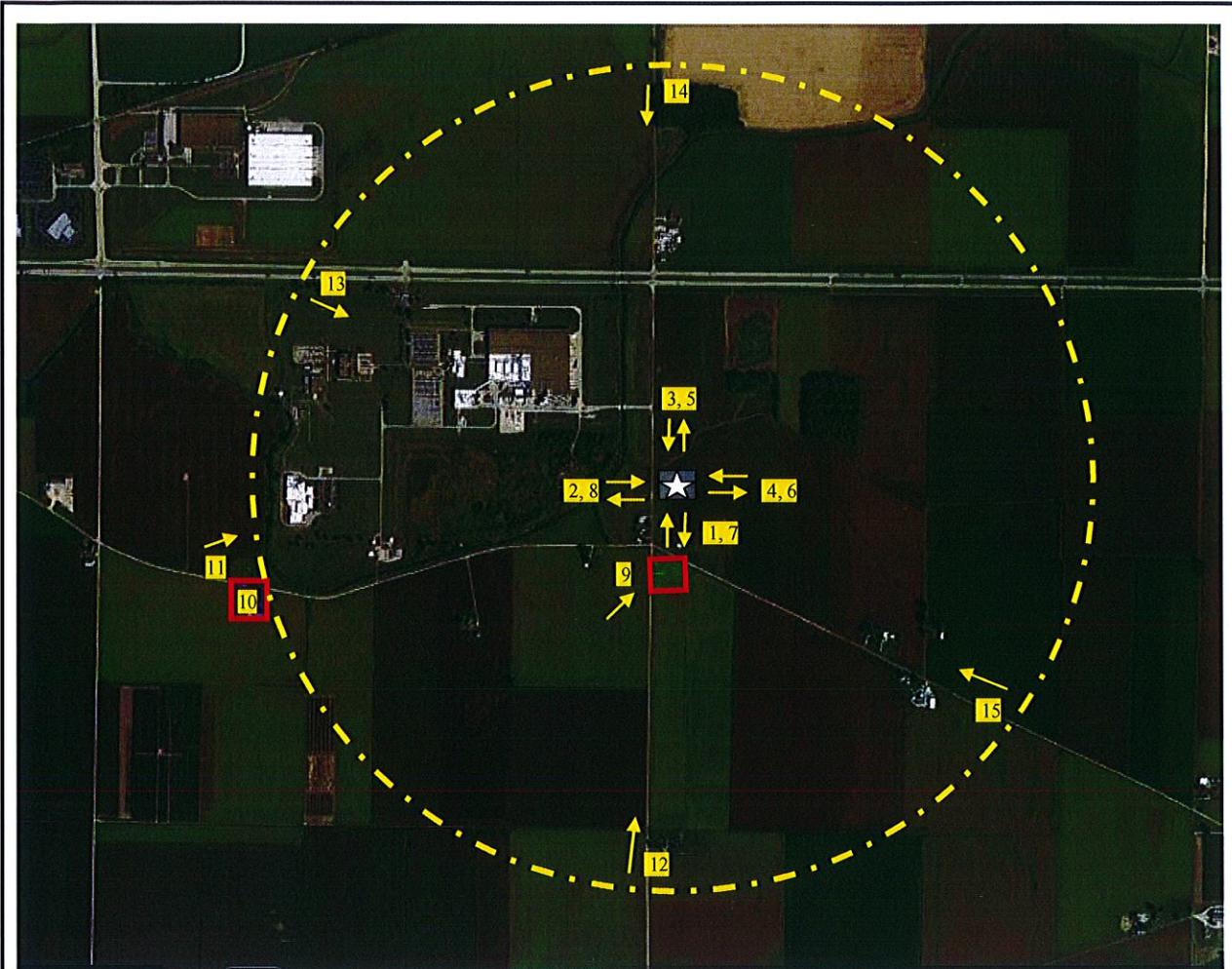
Except in cases where no Historic Properties were identified within the Areas of Potential Effects, submit photographs as described below. Photographs should be in color, marked so as to identify the project, keyed to the relevant map or text, and dated; the focal length of the lens and the height of the camera should be noted. The source of any photograph included but not taken by the Applicant or its consultant (including copies of historic images) should be identified on the photograph.

- a. Photographs taken from the tower site should show views from the proposed location in all directions. The direction (e.g., north, south, etc.) should be indicated on each photograph, and, as a group, the photographs should present a complete (360 degree) view of the area around the communications tower or non-tower structure.
- b. Photographs of all listed and eligible properties within the Areas of Potential Effects.
- c. If any listed or eligible properties are visible from the proposed tower site, photographs looking at the site from each historic property. The approximate distance in feet (meters) between the site and the historic property should be included. If any listed or eligible properties are within the APE, photos looking at each historic property should be included.

Include aerial photos of the APE for visual effects, if available. There are a variety of publicly available websites that provide aerial photographs.

Please see the attached Photographs, taken on February 19, 2016, unless otherwise noted. A photograph location map is included within this attachment.

Applicant's Name: Crown Castle
Project Name: EV Mount Vernon East
Project Number: 821095



 - Project Location

 - House (Ref #129-088-35036), 5001 Lower Mt. Vernon Rd., Mt. Vernon, Indiana

 - 3/4 mile APE

 - Grabert House (Ref #129-088-35038), Lower Mt. Vernon Rd., Mt. Vernon, Indiana



Photo Location Map – Project APE is ¾ Mile

Arrow indicates the approximate location and direction in which the photograph was taken

Applicant's Name: Crown Castle
Project Name: EV Mount Vernon East
Project Number: 821095

NT SUBMISSION PACKET -- FCC FORM 620

Approved by OMB
3060-1039
See instructions for
public burden estimates



1. Looking north at the Project Site.



2. Looking east at the Project Site.

Applicant's Name: Crown Castle
Project Name: EV Mount Vernon East
Project Number: 821095

NT SUBMISSION PACKET -- FCC FORM 620

Approved by OMB
3060-1039
See instructions for
public burden estimates



3. Looking south at the Project Site.



4. Looking west at the Project Site.

Applicant's Name: Crown Castle
Project Name: EV Mount Vernon East
Project Number: 821095