

**GRAND TETON NATIONAL PARK
106 ASSESSMENT OF EFFECT FORM**

ASSESSMENT OF ACTIONS HAVING AN EFFECT ON CULTURAL RESOURCES

This form is required for all actions that have the potential to affect cultural properties. Attach continuation sheets as necessary.

DATE FORM COMPLETED:

TARGET DATE FOR IMPLEMENTING PROJECT:

1. PARK DISTRICT: South District, Highlands Historic Area
Include park sub-district if applicable.

2. PROJECT TITLE: Rehab Park Historic Structures

PROJECT PMIS NUMBER: 123793A LCS NUMBER: 051892

PROJECT LOCATION: Quad(s) & Scale: Zone 12, Easting 521833, Northing 4839386

LEGAL (Township/Range/Section)

OR UTM(s):

_____ **Site is sensitive. Location not given on purpose.**

PROJECT TYPE: _____ Planning _____ Design X Construction

3. PREPARED BY: Greg Dodson PHONE: 307-739-3572

FOR ADDITIONAL INFORMATION CONTACT: Craig Struble PHONE: 307-739-3469

4. Describe the proposed project in terms of the following details: What failed? What will be repaired? What will be replaced? What new materials will be used? Will there be ground disturbance? If so, how deep?

The brick chimney located on the north end of the community building is leaning substantially to the west due to failure in the concrete footing and foundation. The failure is causing significant deflection in the floor of the building and causing structural cracks in the roof line course work of the chimney. The focus of this project is to rehabilitate the masonry chimney of the Community House and repair the walls and foundation associated with the chimney. Womack & Associates, a soils engineering firm, will be contracted to provide a geotechnical report. The report will provide analysis of: foundation elevation, bearing strata and capacity, active and passive pressures, settlement groundwater conditions, lateral pressures, compaction and seismicity, then make general recommendations to support the design and construction of foundation and drainage elements. Based on the report, methodology to repair the failure will enviably involve excavation of the immediate building and chimney foundations to lift and stabilize the failure.

5. Required Attachments: [] Maps [] Drawings [] Specifications [X] Photographs [] Scope of Work
[] Site Plan [] List of Materials [] Samples [] Other:



Highlands Community House



Highlands Community House



Highlands Community House Chimney



Highlands Community House Foundation

The proposed undertaking will:

(Checked boxes does not indicate that project will not be approved)

Check as many that may apply

1) HISTORIC FABRIC:

- Destroy historic fabric.
- Remove historic fabric.
- Replace historic fabric in kind.
- Add non-historic elements to a historic structure.
- Remove non-historic elements from a historic structure.

2) ARCHEOLOGICAL RESOURCES:

- Disturb, destroy, impair, or render inaccessible archeological (surface or subsurface) resources
- Possibly disturb presently unidentified archeological resource or historic fabric

3) ETHNOGRAPHIC RESOURCES:

- Disturb, impair, alter or render inaccessible ethnographic resources
- Introduce inappropriate elements (visible, audible, or atmospheric)
- Possibly disturb presently unidentified ethnographic resources

4) HISTORIC LANDSCAPE:

- Alter historic terrain, groundcover, vegetation, or manmade features (such as ditches and trash dumps)
- Introduce non-historic elements (visible, audible, or atmospheric) into a historic setting or landscape
- Reintroduce historic elements in historic setting or landscape
- Remove historic elements from a historic landscape

_____ Remove non-historic elements from a historic landscape

5) OTHER:

_____ Incur gradual deterioration of historic fabric, sites, terrain, or landscape.

_____ Involve a land transaction, sale, or lease.

_____ Other (Describe briefly):

Do not fill out below this line

This section of the form is reserved for Cultural Resource Evaluation by park staff

1. IDENTIFICATION OF RESOURCES: Has project area been surveyed for:

	Yes	No	NA
Buildings/Structures	<u> X </u>	_____	_____
Archeological sites	_____	_____	_____
Ethnographic resources	_____	_____	_____
Cultural landscapes	_____	_____	_____

If Yes, results of survey:

[] No cultural resources identified in project area.

Notes:

[X] Identified properties already determined eligible or listed in the National Register of Historic Places.

List sites or districts/buildings/structures already in National Register (include nomination title and date listed):

The Highlands Historic District
Reference Number: 98001029
Date Listed: 08/19/1998

[] Identified properties for which a Determination of Eligibility (DOE) is complete and approved by the WY SHPO.

List DOEs and date WY SHPO signed-off:

[] Identified properties for which a Determination of Eligibility (DOE) is needed.

If **No**, is survey scheduled? Yes _____ No _____ Date: _____

_____ not needed (provide justification, such as area previously disturbed)

2. IDENTIFICATION DOCUMENTATION:

1) Level of Survey Work: _____ Reconnaissance _____ Sample _____ Intensive _____ Tested _____ Excavated

2) File search: _____ CSI _____ WY SHPO _____ THPO _____ WY Cultural Records Database _____ Other

3) Report(s), Reference(s) – Include author(s), date, and title

National Register Information System Number: 98001029

Mehis, 1987

Smithsonian Number: 48TE1144

University of Utah Architecture CA: 08/13/2002

3. Describe what impacts the undertaking will have on the cultural resource(s) identified in item 4 (front page).

The project will maintain historic characteristics and while securing building health and visitor safety.

4. MITIGATIONS and STIPULATIONS:

1) Proposed mitigation and any special stipulations:

2) Is the mitigation work scheduled? Yes _____ No _____ NA _____

If yes, scheduled with: WY SHPO _____ Advisory Council _____ Other _____

3) Will historic fabric or artifacts be accessioned into park collection?

Yes _____ No _____ NA _____

If yes, list objects to be curated:

1)

2)

3)

5. DOCUMENTATION ATTACHED:

REQUIRED: Maps and site plan(s)

Additional Documentation:

() preliminary design or construction documents, () photographs, () Scope-of-Work, () Survey/Inventory forms, () National Register forms, () IMR Archeological Project Report, () Product samples, () Other: _____

6. PARK 106 COORDINATOR REVIEW AND RECOMMENDATIONS

[] *The foregoing assessment is adequate; proposed action is consistent with all applicable NPS Management Policies, standards, guidelines or USDI Standards/Guidelines, Rehabilitation of Historic Buildings or others and incorporates measures to avoid Adverse Effects.*

Determination of Effect:

No Effect No Adverse Effect Adverse Effect

3. **Compliance requirements** (The following is the park's assessment of Section 106 process needs and requirements for this undertaking.):

- A. STANDARD 36 CFR PART 800 CONSULTATION
Consultation less than 36 CFR Part 800 is needed subsequent to preparation and review by appropriate CRM advisers of this form.
- B. PROGRAMMATIC EXCLUSION
The above action meets all conditions for a programmatic exclusion under Stipulation IV of the 1995 Servicewide PA. **Programmatic Exclusion IV.B** _____ [Specify number]
- C. PLAN-RELATED UNDERTAKING
Consultation and review of the proposed undertaking were completed in the context of a plan review process, in accordance with the 1995 Servicewide PA and 36 CFR Part 800.
- D. UNDERTAKING RELATED TO ANOTHER AGREEMENT
The proposed undertaking is covered for Section 106 purposes under a document such as a statewide agreement written in accord with 36 CFR Part 800.7 or counterpart regulations.
- E. STIPULATIONS/CONDITIONS
Following are listed any stipulations or conditions necessary to ensure that the assessment of effect above is consistent with 36 CFR Part 800 criteria of effect or to mitigate potential adverse effects.
- PUBLIC CONSULTATION: (If undertaking will have an adverse effect, identify organizations and groups that need to be contacted, including Native Americans, WY SHPO, Advisory Council, National Trust, Teton County Historic Preservation Board, Jackson Hole Historical Society, and when consultation will happen. Attach all appropriate documentation including letters or notes from phone calls):
- NATIVE AMERICAN CONSULTATION:
_____ Not necessary _____ Necessary

If necessary, identify tribes, organizations, and individuals that have been contacted:

CULTURAL SPECIALISTS REVIEW

Review by specialists: The appropriate subject-matter specialists for reviewing the project are indicated below.

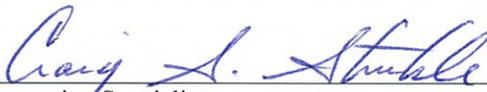
I have reviewed this proposal for conformity with requirements for the §106 process, with the 1995 *Servicewide Programmatic Agreement* (if applicable), and applicable parts of the Secretary of the Interior's *Standards and Guidelines for Archeology and Historic Preservation*, *NPS Management Policies*, and DO-28. I have stated any additional stipulations that should apply, and I concur in the recommended assessment of effect above.

Signed:

 Archeologist Date
 Comments:

 Curator Date
 Comments:

 Historian Date
 Comments:



 Historic Preservation Specialist Date 6/5/08
 Comments

Work will repair failing conditions and provide for continued preservation of this resource and will not adversely affect the National Register status of the building.

 Ethnographer? Date
 Comments:

 Historical Landscape Architect? Date
 Comments:

 Other? Date
 Comments:

Approved: _____
 Compliance Coordinator Date

Approved: _____
 Superintendent Date