NATIONAL ORGANIZATION SONS OF UNION VETERANS OF THE CIVIL WAR CIVIL WAR MEMORIAL ASSESSMENT FORM

Type of Memorial (check all applicable)

	Monument	with Sculpture	without Sculpture	with Cannon	standalone Cannon
~	Historical Marker	Plaque	Other (flag pole, G.A	A.R. buildings, stained	d glass windows, etc.)

Affiliation

GAR	MOLLUS	SUVCW	WRC	ASUVCW
LGAR	DUVCW	✓ Other		

If known, record name and number of post, camp, corps, auxiliary, tent, circle or appropriate information of other groups: National Park Service

Original Dedication Date <u>unknown</u> Please consult any/all newspaper archives for a local paper's article that would have information on the *first* dedication ceremony and/or other facts on the memorial. Please submit a copy of your findings with full identification of the paper & date of publication. Thank you.

Location

The Memorial is <i>currently</i> located at:	
Street/Road address or site location US-80	

GPS Coordinates N32°1'37.5599" W80°53'32.8699"		
City/Village &/or Township Savannah		
County Chatham	State GA	Zip Code <u>31410</u>
The front of the Memorial faces: North	South East We	est
Government Body, Agency, or Individual (Name National Park Service	Owner	
Dept / Div. Fort Pulaski National Monument		
Street Address US-80 (P.O. Box 30757)		
City Savannah	_ State GA	Zip Code ³¹⁴¹⁰
Contact Person Site Manager	Telephone (912) 786-8182	ext
Is Memorial on the National Register of Histo Fort Pulaski is, Marker is not	oric Places Yes No	DID # if known
For Monuments with/without sculpture: Physical Details Material of Monument or base under a Sculpture or Ca If known, name specific material (color of granite, mar		
Material of the SculptureStoneConcrete If known, name specific material (color of granite, mar	eMetalOther Is it ble, etc.)	hollow or solid?

>This form may be photocopied.<

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For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = Aluminum Frame with Polymer Face with Text

For Can	nons with/without	monument:				
Material o	f Cannon = Bronz	eIron Type of	Cannon (if known)			
				Rifled	YES	NO
Markings:	Muzzle		Base Ring/Breech			
	on		Right Trunion			
Is inert an	nmunition a part of the M	emorial? Yes _	No			
[For camp	o/department monuments	s officer's use: Cannon	on list of known ordnance]	Yes	No	
	er Memorials: (flag st describes the memo		s, stained glass windows, e	tc.)		
Materials	of the Memorial					
-	ete for All Memo	rials	e) - taken from tallest / widest			
4 ft	Height _ ^{3 ft}	Width 2 ft	Depth or	Diameter		
	• •	be the "pose" of each stat	mation on a separate sheet of pa ue and any weapons/implements n this form). Thank you!	•	• • •	

Markings/Inscriptions (on stone-work / metal-work of monument, base, sculpture)

Maker or Fabricator mark / name? If so, give name & location found

Please attach legible photographs of all text &/or Record the text in the space below. Please use the addendum – narrative sheet if necessary.

Guarding the Door

See attached photos for rest of text

>This form may be photocopied.<

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)

Type of Location Cemetery School Traffic Circle	_✓ Park Municipal Building Library	Plaza/Courtyard State Capitol Other:	"Town Square" Courthouse	Post Office College Campus	
General Vicinity Rural (low population, open land) Suburban (residential, near city) Town Urban / Metropolitan					
Immediate Locale (check as many as may apply) IndustrialCommercialStreet/Roadside within 20 feetTree Covered (overhanging branches) Protected from the elements (canopy or enclosure, indoors)Protected from the public (fence or other barrier) Any other significant environmental factor					

[To detail the condition of a monument used the addendum form for Monument's Condition]

Supplemental Background Information

In addition to your on-site survey, any additional information you can provide on the described Memorial will be welcomed. Please label each account with its source (author, title, publisher, date, pages). Topics include any reference to the points listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment.

Addendums attached to this electronic file are the *Monument's Condition* and the *Narrative* forms. Only the *Monument's Condition* form is required if you are requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions.*

Thank you.

Inspector Identification	Date of On-site Survey	07/14/2019			
Your Name Walter E Busch					
Address 1240 Konert Valley Dr					
City Fenton	State MO	Zip Code <u>63026</u>			
Telephone (E-Mail				
Are you a member of the Allied Orders of the G.A.R.? If so, which one?					

MO SUVCW - US Grant Camp 68, PDC

Please send this completed form to:

Walt Busch, PDC, Chair 1240 Konert Valley Dr. Fenton. MO 63026

Thank you for your help, and attention to detail.

Sons of Union Veterans of the Civil War – Civil War Memorials Committee.



