

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.R. buildings, stained 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:

BETSY ROSS TENT 19 DUVCW

Original Dedication Date 1956 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 *currently* located at:

Street/Road address or site location Fort Caspar
4001 Fort Caspar Rd GPS Coordinates N42;50;11.2200 W106;22;11.86999
City/Village &/or Township Casper
County Natrona State Wyoming Zip Code 82604

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name Fort Caspar Museum
Dept./Div. Grounds
Street Address 4001 Fort Caspar Rd
City Casper State Wy Zip Code 82604
Contact Person Unknown Telephone (307) 235-8462 ext

Is Memorial on the National Register of Historic Places Yes No ID # if known

For Monuments with/without sculpture:

Physical Details

Material of Monument or base under a Sculpture or Cannon = Stone Concrete Metal Other
If known, name specific material (color of granite, marble, etc.)

Material of the Sculpture Stone Concrete Metal Other Is it hollow or solid?
If known, name specific material (color of granite, marble, etc.)

Environmental Setting

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

Type of Location

Cemetery Park Plaza/Courtyard "Town Square" Post Office
 School Municipal Building State Capitol Courthouse College Campus
 Traffic Circle Library Other: _____

General Vicinity

Rural (low population, open land) Suburban (residential, near city) Town Urban / Metropolitan

Immediate Locale (check as many as may apply)

Industrial Commercial Street/Roadside within 20 feet Tree 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 05/15/17
 Your Name Walt Busch
 Address 1240 Konert Valley Dr
 City Fenton State MO Zip Code 63026

Are you a member of the Allied Orders of the G.A.R.? If so, which one?

Missouri SUVCW

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.

**SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM
ADDENDUM – MONUMENT’S CONDITION**

Completion of this form is required when requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

Condition Information

Structural Condition (check as many as may apply)

The following section applies to Monuments with Sculpture, and Monuments without Sculpture including the base for Monuments with Cannon. Instability in the sculpture and its base can be detected by a number of factors. Indicators may be obvious or subtle. Visually examine the sculpture and its base.

	Sculpture	Base
If hollow, is the internal support unstable/exposed? <small>(Look for signs of exterior rust)</small>	_____	_____
Any evidence of structural instability? <small>(Look for cracked joints, missing mortar or caulking or plant growth)</small>	_____	_____
Any broken or missing parts? <small>(Look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)</small>	_____	_____ ✓
Any cracks, splits, breaks or holes? <small>(Also look for signs of uneven stress & weakness in the material)</small>	_____	_____ ✓

Surface Appearance (check as many as may apply)

	Sculpture	Base
Black crusting	_____	_____
White crusting	_____	_____
Etched, pitted, or otherwise corroded (on metal)	_____	_____
Metallic staining (run-off from copper, iron, etc.)	_____	_____
Organic growth (moss, algae, lichen or vines)	_____	_____
Chalky or powdery stone	_____	_____
Granular eroding of stone	_____	_____
Spalling of stone (surface splitting off)	_____	_____
Droppings (bird, animal, insect remains)	_____	_____
Other (e.g., spray paint graffiti) - Please describe...	_____	_____

Stone work could be retucked

Does water collect in recessed areas of the Memorial? ____ Yes ____ No Unable to tell

Surface Coating

Does there appear to be a coating? ____ Yes ____ No ____ Unable to determine

If known, identify type of coating.

____ Gilded ____ Painted ____ Varnished ____ Waxed ____ Unable to determine

Is the coating in good condition? ____ Yes ____ No ____ Unable to determine

Basic Surface Condition Assessment (check one)

In your opinion, what is the general appearance or condition of the Memorial?

____ Well maintained ____ Would benefit from treatment ____ In urgent need of treatment ____ Unable to determine

Briefly describe the Memorial (affiliation / overall condition & any concern not already touched on) .

Inspector’s Name _____ Date _____





IN MEMORY
OF THE
GRAND ARMY OF THE REPUBLIC
TO OUR FATHERS WHO SACRIFICED LIVES
AND FORTUNES FOR OUR FREEDOM AND UNITY
PRESENTED UNTO BY
BETSY ROSS TENT NO. 19
DAUGHTERS OF UNION VETERANS OF THE CIVIL WAR
1861 ————— 1865









