

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:

McGregor Camp No 4 SUVCW

Original Dedication Date 12 Oct 1940 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 Coventry Police Department, 1075 Main Street
GPS Coordinates _____

City/Village &/or Township Coventry

County Kent State Rhode Island Zip Code 02816

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name Town of Coventry

Dept./Div. Public Works

Street Address 1670 Flat River Road

City Coventry State Rhode Island Zip Code 02816

Contact Person _____ Telephone () _____ 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.) Unknown

Material of the Sculpture Stone Concrete Metal Other Is it hollow or solid? _____

If known, name specific material (color of granite, marble, etc.) _____

For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = Unknown

For Cannons with/without monument:

Material of Cannon = Bronze Iron Type of Cannon (if known) _____

Rifled YES NO

Markings: Muzzle _____ Base Ring/Breech _____

Left Trunion _____ Right Trunion _____

Is inert ammunition a part of the Memorial? Yes No

[For camp/department monuments officer's use: Cannon on list of known ordnance] Yes No

For Other Memorials: (flag pole, G.A.R. buildings, stained glass windows, etc.)

What best describes the memorial

Materials of the Memorial

Complete for All Memorials

Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points

3.5 ft _____ Height 3ft _____ Width 2ft _____ Depth or _____ Diameter

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue (service, pose, etc) and attach to this form. Please describe the "pose" of each statue and any weapons/implements involved (in case your photos become separated from 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.

"DEDICATED TO THE MEN OF
COVENTRY WHO SERVED IN
THE UNION FORCES DURING
THE CIVIL WAR 1861-1865

ERECTED BY MCGREGOR CAMP NO. 4
SONS OF UNION VETERANS OF THE
CIVIL WAR - OCTOBER 12, 1940."

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 6 May 2019
 Your Name Ben Frail
 Address 75 Rotary Drive
 City West Warwick State RI Zip Code 02893
 Telephone _____

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

Yes, 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...	_____	_____

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 _____

SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM
ADDENDUM – NARRATIVE

[Generally used to record the text of monuments, but may be used for any other useful information, such as if the monument has been moved or if you have information about the day of dedication. May repeat use of page as often as necessary.]

The Memorial is *currently* located at:

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City/Village and/or Township Coventry

County Kent State Rhode Island Zip Code 02816

TEXT

Inspector's Name _____ Date _____



DEDICATED TO THE MEN OF
 COUNTRY WHO SERVED IN
 THE NATIONAL FORCES DURING
 THE CIVIL WAR 1861-1865

ERECTED BY THE BOARD OF SUPERVISORS
 OF THE COUNTY OF WASHINGTON
 IN THE CITY OF WASHINGTON D.C.

