

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:
[Standalone Civil War Cannon in Private Collection](#)

Original Dedication Date NONE 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 House on the Rock, 5754 State Road 23

GPS Coordinates Inside N 43° 05.963' W 90° 08.140'

City/Village &/or Township Spring Green

County Sauk State WI Zip Code 53588

The front of the Memorial faces: North ___ South ___ East ___ West

Government Body, Agency, or Individual Owner

Name House On The Rock

Dept./Div. _____

Street Address 5754 State Road 23

City Spring Green State WI Zip Code 53588

Contact Person _____ Telephone (608-) 935-3639 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.) _____

For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = _____

For Cannons with/without monument:Material of Cannon = Bronze _____ Iron _____ Type of Cannon (if known) M1857 12-pounder 'Napoleon' field gunsRifled _____ YES NOMarkings: Muzzle No. 369 - H?? & Co [HOOPER] - 1220 LBS - 1864 Base Ring/Breech NoneLeft Trunion None Right Trunion NoneIs 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

_____ Height _____ Width _____ 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.

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: Museum

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 10/17/2014
Your Name Walter E Busch
Address 1240 Konert Valley Dr
City Fenton State MO Zip Code 63026
Telephone () _____ E-Mail _____

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

US Grant Camp 68 MO-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.







1 lbs

1920

B. & B. N. Y.



00122
lbs
698



10192 lbs.
6980







