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

PLEASE:

- Type or print, using a ball-point pen, when filling out this form. Legibility is critical.
- Do not guess at the information. An answer of, "Unknown," is more helpful.
- Include a photograph of each viewable side and label it with name & direction of view.

- Thank You.

Type of Memorial

Monument *with* Sculpture Monument with *Cannon*
 Monument *without* Sculpture Historical Marker Plaque

Affiliation

G.A.R. (Post Name & No. _____) M.O.L.L.U.S.
 W.R.C. (Corps Name & No. UNKNOWN) Other Allied Order
 SUVCW (Camp Name & No. _____) (Please describe below)
 DUVCW (Tent Name & No. _____)
 Other: _____

Original Dedication Date MAY 30, 1928 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 CORNER OF BUCHANAN AND MAIN
 City/Village MAYVILLE Township _____ County DODGE

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in)...
 Name _____ Dept./Div. _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Contact Person _____ Telephone () _____

If the Memorial has been moved, please list former location(s)...

Physical Details

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

Material of the Sculpture = Stone Concrete Metal Undetermined
 If known, name specific material (color of granite, marble, etc.) LIMESTONE
 If the Sculpture is of metal, is it solid cast or "hollow?" _____

Material of Plaque or Historical Marker / Tablet = GRANITE

Material of Cannon = Bronze Iron - Consult known Ordnance Listing to confirm
 Markings on muzzle = _____

Markings on Left Trunion _____ Right Trunion _____

Is inert ammunition a part of the Memorial? If so, describe _____

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

Monument or Base: Height 5' Width 5' Depth 2' or Diameter _____
 Sculpture: Height 5' Width 2.5' Depth 2' or Diameter _____

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue 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 _____

The "Dedication Text" is formed: cut into material raised up from material face

Record the text (indicate any separation if on different sides...) Please use additional sheet if necessary.

 DEDICATED TO THE UNION SOLDIERS AND SAILORS OF THE CIVIL WAR BY THE WOMANS RELEIF CORPS MAYVILLE WISCONSIN

 MAY 30, 1928

Environmental Setting

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

Type of Location

- | | | |
|---|---|--|
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Park | <input type="checkbox"/> Plaza/Courtyard |
| <input checked="" type="checkbox"/> "Town Square" | <input type="checkbox"/> Post Office | <input checked="" type="checkbox"/> School |
| <input type="checkbox"/> Municipal Building | <input type="checkbox"/> State Capitol | Other: _____ |
| <input type="checkbox"/> Courthouse | <input type="checkbox"/> College Campus | _____ |
| <input type="checkbox"/> Traffic Circle | <input type="checkbox"/> Library | _____ |

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

Overall Description

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

LIMESTONE SCULPTURE WITH BLACK LICHEN / NOTICABLE EROSION FROM WIND YET IN STABLE CONDITION / VERY WELL PRESENTED IN A KEPT AREA /
SCULPTURE COULD USE A CLEANING. / GRANITE BASE IN LIKE NEW 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. Thank you.

Inspector Identification

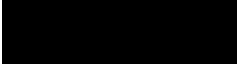
Date of On-site Survey JANUARY 13, 2007

Your Name KIM J. HELTEMES

Address W2570 ARCHER AVE

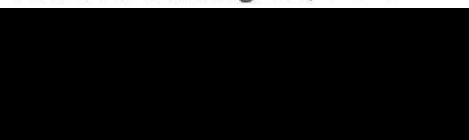
City PINE RIVER

State WI Zip Code 54985

Telephone 

Please send this completed form to:

Todd A. Shillington, PDC



Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR
National Civil War Memorials Committee



MAYVILLE, WI SOLDIER MONUMENT



MAYVILLE, WI