



### 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.) \_\_\_\_\_

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

Material of Plaque or Historical Marker / Tablet = \_\_\_\_\_

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 <sup>20 +/-</sup> \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ or Diameter \_\_\_\_\_  
Sculpture: Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ 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.

G.A.R. Cemetery sign  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 type="checkbox"/> "Town Square"      | <input type="checkbox"/> Post Office    | <input 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) .

GAR Cemetery - Not much else known other than a family also put in a plaque showing that they gave 3 flagpoles to the cemetery

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 06/01/2014

Your Name Joe Rainey

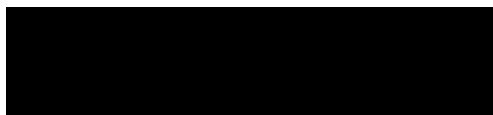
Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone ( ) 479-381-6883

What Order or Organization is submitter a member of? \_\_\_\_\_

Please send this completed form to

Walt Busch, PDC, Chair  
1240 Konert Valley Dr.



Thank you for your help, and attention to detail.

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

GAR CEMETERY Colony Dr, Sulphur Springs (Benton County), AR



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Well taken care of by Bill Elred (479 787 5658)

[GAR Cemetery](#)

[See Grand Army of the Republic Cemetery](#)

Benton County, Arkansas, U.S.A.

36.4914639 North

94.4432706 West

[Grand Army of the Republic Cemetery Cemetery N36.49146° W94.44327°](#)