## NATIONAL ORGANIZATION SONS OF UNION VETERANS OF THE CIVIL WAR

## CIVIL WAR MEMORIAL ASSESSMENT FORM

#### PLEASE:

- 1. Type or print, using a ball-point pen, when filling out this form. Legibility is critical.
- 2. 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

X Monument with Sculpture	<u>X</u> Monument with Cannon
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\_\_\_\_ Monument without Sculpture \_\_\_\_ Historical Marker \_\_\_\_ Plaque

\_\_\_\_ Other (flag pole, G.A.R. buildings, stained glass windows, etc.)

## Affiliation

<u>x</u> G.A.R. (Post Name & No	)M.O.L.L.U.S
SUVCW (Camp Name & No	(Please describe below)
WRC (Corps Name & No	)
ASUVCW (Aux Name & No	
DUVCW (Tent Name & No	)
LGAR (Circle Name & No	)
Other	

Original Dedication Date \_\_\_\_\_\_ 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

Looution			
The Memorial is currently located at: B:	roome County	Court	Ho <b>y</b> se
Street/Road address or site location	Court Street	-	
City/Village Binghamton Township	Binghamton	County	Broome
State NY			

The front of the Memorial faces: \_\_\_\_XNorth \_\_\_\_ 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 mo	ved, please list former	location(s).	

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FORM CWIM #G1

## **Physical Details**

Material of Monument or base under a Sculpture or Cannon =  $\underline{x}$  Stone \_\_\_\_ Concrete  $\underline{x}$  Metal \_\_\_\_ Undetermined If known, name specific material (color of granite, marble, etc.) \_\_\_\_\_ Granite

### SUVCW -- CIVIL WAR

Material of the Sculpture = X Stone Concrete Metal Undetermined If known, name specific material (color of granite, marble, etc.) <u>Granite</u> If the Sculpture is of metal, is it solid cast or "hollow?"

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

Material of Cannon = \_\_\_\_Bronze <u>x</u> Iron - Consult known Ordnance Listing to confirm Markings on muzzle = \_\_\_\_\_\_ Markings on Left Trunion \_\_\_\_\_\_ Right Trunion \_\_\_\_\_\_ Is inert ammunition a part of the Memorial? <u>Yes</u> If so, describe <u>Piles of Mortor shot</u> around the monument - See Picture

Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points Monument or Base: Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ or Diameter \_\_\_\_\_ Sculpture: Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ or Diameter \_\_\_\_\_ HUGE

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 \_x\_ raised up from material face

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

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### **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	Other:
X Courthouse	College Campus	
Traffic Circle	Library	

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Any other significant environmental factor

## **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? (Look for signs of exterior rust)		<u> </u>
Any evidence of structural instability? (Look for cracked joints, missing mortar or caulking or plant growth)		<u> </u>
Any broken or missing parts? (Look for elements (i.e., sword, musket, hands, arms, etc missing due to vandalism, fluctuating weather conditions, etc.)		
Any cracks, splits, breaks or holes? (Also look for signs of uneven stress & weakness in the material)		<del></del>
Monument and guns in good condit <b>Surface Appearance</b> (check as many as may apply)	ion	

	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)	Sculpture  	Base
Spalling of stone (surface splitting off)		
Droppings (bird, animal, insect remains)		
Other (e.g., spray paint graffiti) - Please describe		

No visable deteriation- in good condition

Does water collect in recessed areas of the Memorial? \_\_\_\_ Yes X No \_\_\_\_ Unable to tell

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### **Surface Coating**

Does there appear to be a coating? <u>X</u> Yes <u>No</u> Unable to determine If known, identify type of coating. <u>Gilded X</u> Painted <u>Varnished</u> <u>Waxed</u> Unable to determine Is the coating in good condition? <u>X</u> Yes <u>No</u> <u>Unable to determine</u>

## Basic Surface Condition Assessment (check one)

# **Overall Description**

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

Monument and four mortors are in good condition well maintained and careed for

# 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 March 2016	
Your Name Douglas Deuel	
Address 1658 Mreihew Road	City Marathon
State NY Zip Code 13803 Telephone (	)
What Order or Organization is submitter a member of?	SUVCW

Please send this completed form to

### Walt Busch, PDC, Chair

Thank you for your help, and attention to detail. SONS OF UNION V

CIVIL WAR VETERANS OF THE National Civil War Memorials Committee

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