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 X Monument with Sculpture Monument with Cannon Monument without Sculpture Historical Marker Plaque X Other (flag pole, G.A.R. buildings, stained glass windows, etc.)
Affiliation XG.A.R. (Post Name & No
Original Dedication Date Please consult any/all newspaper archives for a local paper's article that would have information on the <i>first</i> 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 locationCounty Court House Square City/VillageCortland Township County Cortland StateNew York
The front of the Memorial faces: X North South Bast West
Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in) Name Dept./Div Street Address City
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
SUVCW CIVIL WAR
Material of the Sculpture = X 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 = Raised Granite
Material of Cannon =BronzeIron - Consult known Ordnance Listing to confirm Markings on muzzle =
Markings on muzzle =
is their animunition a part of the Memorial? it so, describe
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
See Pictures 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 materialx raised up from material face
Record the text (indicate any separation if on different sides) Please use additional 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 Other: Courthouse College Campus Traffic Circle Library

General Vicinity			
Rural (low population, open land)	Suburban (residential, near city)		
Town	X Urban / Metropolit	an	
Immediate Locale (check as many as may apply) Industrial X Commercial			
Street/Roadside within 20 feet Tree Covered (ov	erhanging branches)		
Protected from the elements (canopy or enclosure, independent of the protected from the elements).	oors)		
Protected from the public (fence or other barrier)			
			
Taken great care by county			
Condition Information			
Structural Condition (check as many as may apply)			
The following section applies to Monuments with Sculpture, and M	fonuments without Sculpt	ure =	
including the base for Monuments with Cannon. Instability in the s			
number of factors. Indicators may be obvious or subtle. Visually e	xamine the sculpture and	its base.	
	Sculpture	Base	
If hollow, is the internal support unstable/exposed? (Look for signs of exterior rust)	no	<u>no</u>	
Any evidence of structural instability?	<u>_no</u>	<u>no</u>	
(Look for cracked joints, missing mortar or caulking or plant grown Any broken or missing parts?	wm) no	no	
(Look for elements (i.e., sword, musket, hands, arms, etc miss			
due to vandalism, fluctuating weather conditions, etc.)			
Any cracks, splits, breaks or holes? (Also look for signs of uneven stress & weakness in the materia	<u>no</u>	np	
Surface Appearance (check as many as may apply)			
	Sculpture	Base	
Black crusting	_no	no	
White crusting	_no	no	
Etched, pitted, or otherwise corroded (on metal)	<u>n</u> o	no	
Metallic staining (run-off from copper, iron, etc.) Organic growth (moss, algae, lichen or vines)	<u>_no</u>	no	
Chalky or powdery stone	<u>no</u>	no	
Granular eroding of stone	<u>n</u> o no	no np	
Spalling of stone (surface splitting off)	no	no	
Droppings (bird, animal, insect remains)	no	no	
Other (e.g., spray paint graffiti) - Please describe			
In good co	ndition		

Does water collect in recessed areas of the Memorial?	Yes noNo Unable	e to tell	

Surface Coating
Does there appear to be a coating? Yes No _x Unable to determine If known, identify type of coating Gilded Painted Varnished Waxed X 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? X Well maintained Would benefit from treatment In urgent need of treatment Unable to determine
Overall Description
Briefly describe the Memorial (affiliation f overall condition & any concern not already touched on).
See Picture
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 12016 Your Name Douglas Devel Address 1658 Merihew 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







