## 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.
- 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  Other ( flag pole, G.A.R. buildings, stained glass windows, etc.)
Affiliation  _X 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 <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 locationIn_church_side_yard_Church_Street_ City/VillageMoravia TownshipMoravia County _Cayuga StateNew_York
The front of the Memorial faces: North South Eastx West
Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in)  Name
Street Address Church Street Moravia City  New York State Zip Code Contact Person Telephone ( )
If the Memorial has been moved, please list former location(s).

## **Physical Details**

>This form may be photocopied.<

Material of Monument or base under a Sculpt name specific material (color of grani	ture or Cannon = <u>X</u> Stone Concrete ite, marble, etc.) <u>White Marbl</u>	Metal Undetermined If known,		
Material of the Sculpture = $\underline{X}$ Stor If known, name specific material (cold If the Sculpture is of metal, is it solid	or of granite, marble, etc.) Wh	ite Marble		
Material of Plaque or Historical Mar	ker / Tablet =			
Material of Cannon =Bronze Markings on muzzle =	_Iron - Consult known Ordnance	e Listing to confirm		
Markings on muzzle =	emorial? If so, describe			
Approximate Dimensions (indicat Monument or Base: Height1_0'Sculpture: Height6' Width	Width 4 Depth 4 or	Diameter		
For Memorials with multiple Sculptu for each statue and attach to this fo weapons/implements involved (in co	rm. Please describe the "pose" of	of each statue and any		
Markings/Inscriptions (on stone-w Maker or Fabricator mark / name? If				
The "Dedication Text" is formed:	$\underline{x}$ cut into material raised up	from material face		
Record the text (indicate any separat	tion if on different sides) Please us	se additional sheet if necessary.		
Environmental Setting (The general vicinity and immediate locale su	ırrounding a memorial can play a major ro	ele in its overall condition.)		
Type of Location	. ,	·		
Cemetery	Park	Plaza/Courtyard		
"Town Square"  Municipal Building	Post Office State Capitol	School Other:		
Courthouse	College Campus	_Church_Yard		
Traffic Circle	Library			
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General Vicinity			
Rural (low population, open land)	Rural (low population, open land) Suburban (residenti		
_x_ Town	Urban / Metropolita	an	
Immediate Locale (check as many as may apply) Industrial Commercial Street/Roadside within 20 feet Tree Covered (or Protected from the elements (canopy or enclosure, incomposite from the public (fence or other barrier)  Any other significant environmental factor Locate covered_church_yard. Usually_damp	loors) d in a very shado	ded tree	
Condition Information			
Structural Condition (check as many as may apply)			
The following section applies to Monuments with Sculpture, and including the base for Monuments with Cannon. Instability in the number of factors. Indicators may be obvious or subtle. Visually	sculpture and its base can	be detected by	
	Sculpture	Base	
If hollow, is the internal support unstable/exposed? (Look for signs of exterior rust)	NO_	_NĐ	
Any evidence of structural instability?  (Look for cracked joints, missing mortar or caulking or plant gro	NO	_NO	
Any broken or missing parts?  (Look for elements (i.e., sword, musket, hands, arms, etc missing the control of calculating or plant grid.)	NO_	_NO	
due to vandalism, fluctuating weather conditions, etc.)	55uig		
Any cracks, splits, breaks or holes?  (Also look for signs of uneven stress & weakness in the materi	NO al)	<u>YE</u> S	
Surface Appearance (check as many as may apply)			
	Sculpture	Base	
Black crusting	NO	_NO	
White crusting	Yes	_NO	
Etched, pitted, or otherwise corroded (on metal)	NO	_NO	
Metallic staining (run-off from copper, iron, etc.)	NO	_NO	
Organic growth (moss, algae, lichen or vines)	<del>-Ye</del> s	<del></del>	
Chalky or powdery stone	NO	YES	
Granular eroding of stone	NO.	YES	
Spalling of stone (surface splitting off)	_NO	_YES	
Droppings (bird, animal, insect remains)		_NO	
Other (e.g., spray paint graffiti) - Please describe	_ <u>YE</u> S		
Monument was left alone until an Eag	le Scout project	a few	
years brought interest in it's repair, corners of the base have			
been recemented and landscaping has been installed. See Photo.			
Does water collect in recessed areas of the Memorial?	_Yes <u>x</u> No Unabl	e to tell	

Surface Coating
Does there appear to be a coating? YesX_ 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 _X_ 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).  This monument was left un maintained for years but now seems to be taken care of. The corners have been repaired and the landscaping in great condition. Soldier needs power washing
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 September 2016 Your Name Willis Platt Address 71 Shaw Road City Conklin State Ny Zip Code 13748 Telephone ( What Order or Organization is submitter a member of? 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 National Civil War Memorials Committee



