

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

Type of Memorial (check all applicable)

Monument with Sculpture without Sculpture with Cannon standalone Cannon
 Historical Marker Plaque Other (flag pole, G.A.R. buildings, stained glass windows, etc.)
REPRODUCTION GAR GRAVE FLAG HOLDER

Affiliation

GAR MOLLUS SUVCW WRC ASUVCW
 LGAR DUVCW Other TOWN OF LONG LAKE

If known, record name and number of post, camp, corps, auxiliary, tent, circle or appropriate information of other groups:

Original Dedication Date JULY 15TH 2000 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 LONG LAKE CEMETERY
STATE RD GPS Coordinates 43.9645 -74.5976
City/Village &/or Township LONG LAKE
County HAMILTON State NY Zip Code 12847

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name TOWN OF LONG LAKE
Dept./Div. _____
Street Address ROUTE 30
City LONG LAKE State NY Zip Code 12847
Contact Person TOWN CLERK Telephone (585) 624-3088 ext _____

Is Memorial on the National Register of Historic Places Yes No ID # if known _____

For Monuments with/without sculpture:

Physical Details

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

Material of the Sculpture NA Stone Concrete Metal Other Is it hollow or solid? _____
If known, name specific material (color of granite, marble, etc.) PINK

For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = _____

For Cannons with/without monument:

Material of Cannon = _____ Bronze _____ Iron Type of Cannon (if known) _____ Rifled _____ YES _____ NO

Markings: Muzzle _____ Base Ring/Breech _____

Left Trunion _____ Right Trunion _____

Is inert ammunition a part of the Memorial? _____ Yes _____ No

[For camp/department monuments officer's use: Cannon on list of known ordnance] _____ Yes _____ No

For Other Memorials: (flag pole, G.A.R. buildings, stained glass windows, etc.)

What best describes the memorial LARGE GRANITE STONE WITH BRASS PLAQUE

Materials of the Memorial LOCAL GRANITE

Complete for All Memorials

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

5' Height 2' Width 13" Depth or _____ Diameter

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue (service, pose, etc) 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 NONE

Please attach legible photographs of all text &/or Record the text in



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 Courthouse College Campus
 Traffic Circle Library Other: _____

General Vicinity

Rural (low population, open land) Suburban (residential, near city) Town Urban / Metropolitan

Immediate Locale (check as many as may apply)

Industrial Commercial Street/Roadside within 20 feet Tree Covered (overhanging branches)
 Protected from the elements (canopy or enclosure, indoors) Protected from the public (fence or other barrier)

Any other significant environmental factor None

[To detail the condition of a monument used the addendum form for *Monument's 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.

Addendums attached to this electronic file are the *Monument's Condition* and the *Narrative* forms. Only the *Monument's Condition* form is required if you are requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

Thank you.

Inspector Identification Date of On-site Survey 4-18-2016
 Your Name ROBERT KEDUGH BRIAN CASTLER DICK FARR
 Address PO BOX 50
 City LONG LAKE State NY Zip Code 12847
 Telephone [REDACTED]

Are you a member of the Allied Orders of the G.A.R.? If so, which one?
ALL MEMBERS COL. GEORGE L. WILLARD CAMP 154 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 – CIVIL WAR MEMORIALS COMMITTEE.

SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM
ADDENDUM - MONUMENT'S CONDITION

Completion of this form is required when requesting grant money using form CWM-62 SUVCW Memorial Grant Application Form and Instructions.

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.

Table with 2 columns: Question and Answer. Questions include 'If hollow, is the internal support unstable/exposed?', 'Any evidence of structural instability?', 'Any broken or missing parts?', 'Any cracks, splits, breaks or holes?'. Answers are 'NO' or 'NA'.

Surface Appearance (check as many as may apply)

Table with 2 columns: Question and Answer. Questions include '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)', 'Droppings (bird, animal, insect remains)', 'Other (e.g., spray paint graffiti) - Please describe...'. Answers are 'NO', 'YES', or 'NA'.

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

Surface Coating

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

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

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

THIS IS A NEW MONUMENT (2000) IT IS IN VERY GOOD CONDITION

Inspector's Name [Signature] Date 4-18-2016



SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM
ADDENDUM - NARRATIVE

[Generally used to record the text of monuments, but may be used for any other useful information, such as if the monument has been moved or if you have information about the day of dedication. May repeat use of page as often as necessary.]

The Memorial is *currently* located at:

Street/Road address or site location STONE LA

GPS Coordinates 43.9645 - 74.5976

City/Village and/or Township LONG LAKE

County HAMILTON State NY Zip Code 12847

TEXT



Inspector's Name [Signature]
ADDENDUM FORM CWM #61

>This form may be photocopied<

Date 4/18/2016
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