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	
Monument with Sculpture	Monument with Cannon
Monument without Sculpture	<u>_*</u> Historical Marker <u>*</u> Plaque
Other (flag pole, G.A.R. buildings, stained glass winde	ows, etc.)
Affiliation	· · · ·
G.A.R. (Post Name & No.)M.O.L.L.U.S
G.A.R. (Post Name & No SUVCW (Camp Name & NoCol. David L. Stricker Camp # 64) (Please describe below)
WRC (Corps Name & No)
ASUVCW (Aux Name & No)
DUVCW (Tent Name & No	······································
LGAR (Circle Name & No.) -
LGAR (Circle Name & No Other	
Original Dedication Date 2000 Please article that would have information on the <i>first</i> dedication ceremony and your findings with full identification of the paper & date of publication. The paper & date of publication of the paper & date of publication of the paper & date of publication.	se consult any/all newspaper archives for a local paper's I/or other facts on the memorial. Please submit a copy of hank you.
Location The Memorial is <i>currently</i> located at: Street/Road address or site location Taneytown Rd. Gettysburg, F	² a.
City/Village Gettysburg Township	County Adams
State Pa.	
The front of the Memorial faces: <u></u> North South	East West
Government Body, Agency, or Individual Owner (of private c Name NPS	emetery that Memorial is located in)
Dept./Div	
Street Address	City
Street Address Gettysburg State Telephone ()	Zip Code Contact Person
If the Memorial has been moved, please list former loca	

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FORM CWM #61

Physical Details

Material of Monument or base under a Sculpture or Cannon = <u>Stone</u> Concrete Metal Undetermined If known, name specific material (color of granite, marble, etc.)

SUVCW -- CIVIL WAR

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

Material of Plaque or Historical Marker / Tablet = Bronze

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 _____ 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.

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.) **Type of Location**

- ____ Cemetery
- ____ "Town Square" Municipal Building
- Courthouse
- Traffic Circle

Park
Post Office
State Capitol
College Campus
Library

Pla	aza/Courtyard
Sc	hool
Other:	

National Park

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General Vicinity

Rural	(low	pop	oulation,	open	land)	
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__*__Town

____ Suburban (residential, near city) 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

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)		
Any evidence of structural instability? (Look for cracked joints, missing mortar or caulking or plant growth)		
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)		
Surface Appearance (check as many as may apply)		
	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	<u> </u>	<u></u>
Granular eroding of stone		
Spalling of stone (surface splitting off)		
Droppings (bird, animal, insect remains)	<u> </u>	
Other (e.g., spray paint graffiti) - Please describe		
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Does water collect in recessed areas of the Memorial? Yes * No Unable to tell

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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).

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 Oct 8, 2016	
Your Name John Barr	
Address 19 Lochview Dr	City Bear
State De Zip Code 19701	Telephone ()
What Order or Organization is submitte	r a member of? 2nd Delaware

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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