

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**

Monument *with* Sculpture  
 Monument *without* Sculpture

Monument *with* Cannon  
 Historical Marker  Plaque

**Affiliation**

G.A.R. (Post Name & No. POST 28)  M.O.L.L.U.S.  
 W.R.C. (Corps Name & No. \_\_\_\_\_)  Other Allied Order  
 SUVCW (Camp Name & No. \_\_\_\_\_) (Please describe below)  
 DUVCW (Tent Name & No. \_\_\_\_\_)  
 Other: \_\_\_\_\_

**Original Dedication Date** Aug. 1896 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 GREENWOOD CEMETERY  
City/Village INDIANA Township WHITE County INDIANA

The front of the Memorial faces:  North  South  East  West

**Government Body, Agency, or Individual Owner** (of private cemetery that Memorial is located in)...  
Name \_\_\_\_\_ Dept./Div. \_\_\_\_\_  
Street Address \_\_\_\_\_  
City N/A State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

If the Memorial has been moved, please list former location(s)...

~~PROBABLY FROM TOWN SITE?~~  
NOT BEEN MOVED

**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.) \_\_\_\_\_

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

Material of Plaque or Historical Marker / Tablet = N/A

Material of Cannon =  Bronze  Iron - Consult known Ordnance Listing to confirm  
 Markings on muzzle = NONE

Markings on Left Trunion P AAT Right Trunion 32 1849

Is inert ammunition a part of the Memorial? YES If so, describe ONE - 10" SHELL (2 SHELLS MISSING)

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

Monument or Base: Height N/A Width N/A Depth N/A or Diameter N/A  
 Sculpture: Height N/A Width N/A Depth N/A or Diameter N/A

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 ON BREECH  
C.A. & CO. NO. 53257 1 21

The "Dedication Text" is formed: N/A cut into material N/A raised up from material face

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

PROVISION FOR NAVAL BREECING ROPE  
SYMBOL OF ANCHOR TOP OF CANNON FORWARD  
OF BREECH



BORE IS 32 POUNDER SIZE (6 3/8")

**Environmental Setting**

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

**Type of Location**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Cemetery | <input type="checkbox"/> Park           | <input type="checkbox"/> Plaza/Courtyard |
| <input type="checkbox"/> "Town Square"       | <input type="checkbox"/> Post Office    | <input type="checkbox"/> School          |
| <input type="checkbox"/> Municipal Building  | <input type="checkbox"/> State Capitol  | Other: _____                             |
| <input type="checkbox"/> Courthouse          | <input type="checkbox"/> College Campus | _____                                    |
| <input type="checkbox"/> Traffic Circle      | <input type="checkbox"/> Library        | _____                                    |

**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 CEMETERY

**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? <small>(look for signs of exterior rust)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Any evidence of structural instability? <small>(look for cracked joints, missing mortar or caulking or plant growth)</small>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any broken or missing parts? <small>(look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)</small>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any cracks, splits, breaks or holes? <small>(also look for signs of uneven stress &amp; weakness in the material)</small>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Surface Appearance** (check as many as may apply)

	Sculpture	Base
Black crusting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
White crusting	<input type="checkbox"/>	<input type="checkbox"/>
Etched, pitted, or otherwise corroded (on metal)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Metallic staining (run-off from copper, iron, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Organic growth (moss, algae, lichen or vines)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chalky or powdery stone	<input type="checkbox"/>	<input type="checkbox"/>
Granular eroding of stone	<input type="checkbox"/>	<input type="checkbox"/>
Spalling of stone (surface splitting off)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Droppings (bird, animal, insect remains)	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g., spray paint graffiti) - Please describe...	<input type="checkbox"/>	<input type="checkbox"/>

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

**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) .

Placed 1896 cement block base in urgent need of repair

**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 11 MAR 2006

Your Name RICHARD G. HOOVER

Address 310 S. HARMONY RD. City PENN RUN

State PA Zip Code 15765 Telephone 

Please send this completed form to:

Todd A. Shillington, PDC



Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR  
National Civil War Memorials Committee

