

Updated - 4RI1

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 with Cannon  
 \_\_\_ Monument *without* Sculpture                      \_\_\_ Historical Marker                      \_\_\_ Plaque

**Affiliation**

\_\_\_ G.A.R. (Post Name & No. \_\_\_\_\_)                      \_\_\_ 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** AUGUST 20, 1913 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 SILK LANE AND WEST GREENVILLE ROAD (ROUTE 116)  
 City/Village NORTH SCITUATE Township \_\_\_\_\_ County PROVIDENCE

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 TOWN OF SCITUATE Dept./Div. DEPT. OF PUBLIC WORKS  
 Street Address 114 TRIMTOWN ROAD  
 City NORTH SCITUATE State RI Zip Code 02857  
 Contact Person MR. RICHARD IVERSON Telephone (401) 647-3366

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.) WESTERLY GRANITE

**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 \_\_\_\_\_

**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.

	<b>Sculpture</b>	<b>Base</b>
If hollow, is the internal support unstable/exposed? (look for signs of exterior rust)	<input type="checkbox"/>	<input type="checkbox"/>
Any evidence of structural instability? (look for cracked joints, missing mortar or caulking or plant growth)	<input type="checkbox"/>	<input type="checkbox"/>
Any broken or missing parts? (MISSING TOP PORTION SPRING/ HAMMER) (look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the material)	<input type="checkbox"/>	<input type="checkbox"/>

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

	<b>Sculpture</b>	<b>Base</b>
Black crusting	<input type="checkbox"/>	<input type="checkbox"/>
White crusting	<input type="checkbox"/>	<input type="checkbox"/>
Etched, pitted, or otherwise corroded (on metal)	<input 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 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 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) .

TOP PORTION OF ARTILLERYMAN'S SPONGE/RAMMER WAS REMOVED BY VANDALS,  
DESIRE TO GET IT REPAIRED

**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 5, 2006  
Your Name STEPHEN E. HACKETT  
Address 212 SAW MILL ROAD City CHEPACHET  
State RI Zip Code 02814 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

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

Material of Plaque or Historical Marker / Tablet = \_\_\_\_\_

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 90" Width 48" Depth 48" or Diameter \_\_\_\_\_  
 Sculpture: Height 68" 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.

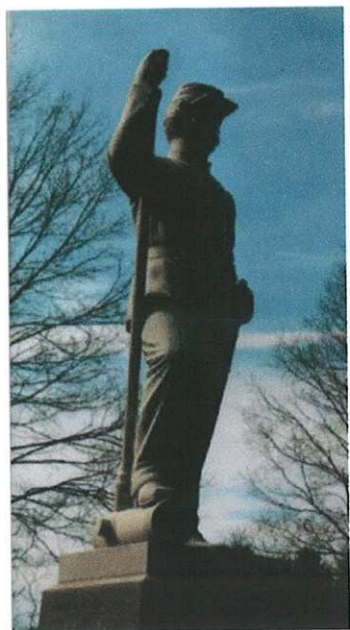
TO THE LOYAL MEN OF SCITUATE, 1861-1865 DIED IN THE SERVICE  
(LIST OF NAMES)  
REST SOLDIER, IN THINE HONORED GRAVE,  
THY DUTY NOBLY DONE!  
LONG AS THY COUNTRY'S BANNERS WAVE,  
THE LAND WHOSE LIFE THOU DIEDST TO SAVE  
SHALL BLESS THE MEMORY OF THE BRAVE  
AND PRIZE HER PATRIOT SONS

**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 checked="" 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        | _____                                    |





TO THE LOYAL MEN OF  
SCITUATE

1861 — 1865  
DIED IN THE SERVICE

- JAMES C. NICHOLS  
ALMOND C. RICHMOND  
DAVID B. KING  
CHARLES H. WOODBALL  
ALBERT H. COLEMAN  
LEMUEL A. GREENE  
LEWIS A. MEDBURY  
ELISHA POTTER  
CRAWFORD S. JAYLES  
WILSON ALDRICH  
WILLIAM GREENE  
HENRY CLAYTON  
JOHN T. LANTON  
STILLMAN MATTISON  
ANDREW H. LAIS

THE STATUE WAS COMPLETED BY THE  
SCITUATE VETERANS ASSOCIATION  
ON APRIL 15, 1900. THE STATUE IS  
THE PROPERTY OF THE TOWN OF  
SCITUATE AND IS KEPT IN THE  
CARE OF THE TOWN CLERK.



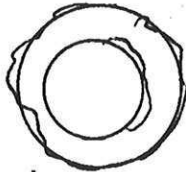
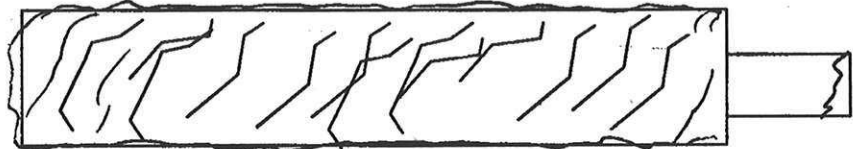
TO THE LOYAL MEN OF  
SCOTLAND

A. SCIOLTO AND SON INC.  
541 DYER AVE.  
CRANSTON R. I.

PHONE 401 942 7480  
FAX 401 942 7492  
E MAIL TBONES916 AOLCOM

Date	Proposal
3/9/06	

Appraisal



VALUE OF GREY GRANITE SHAFT  
APPROX 10 INCHES HIGH  
2 1/4 IN DIAMETER  
GRANITE TO MATCH/PINNED AND INSTALLED

ANTHONY SCIOLTO

A handwritten signature in black ink, appearing to read "Anthony Sciolto".

\$ 435<sup>00</sup>

GRANITE LOCATED AT SCITUATE, R. I.



SONS OF UNION VETERANS OF THE CIVIL WAR  
CIVIL WAR MEMORIAL FUND REQUEST

(FORM CWM #62)

Requester Information

COL. ZENAR R. BLISS  
CAMP AND DEPARTMENT NAME: CAMP 12 DEPARTMENT OF R.I.  
(Please print or type)

ADDRESS: P.O. Box 820

CITY: GREENVILLE

STATE: RI ZIP CODE: 02828

NAME OF CONTACT PERSON: STEPHEN E. HACKETT, PCC SECY/TRES.

ADDRESS: 212 SAW MILL ROAD

CITY: CHEPACHET

STATE: RI ZIP CODE: 02814

PHONE(S): [REDACTED] E-MAIL: [REDACTED]

Memorial or Monument Information

NAME OF MEMORIAL: OWEN SOLDIERS' MONUMENT

TYPE OWEN SOLDIERS' MONUMENT NORTH SCITUATE, RHODE ISLAND ON SEARCH ENGINE OR  
GO TO <http://www.rootsweb.com/~RI.GENWEB/ARTICLES/17.html>

LOCATION: (Name and address of cemetery or other location description, such as, corner of 3<sup>rd</sup> and Lincoln Street) \_\_\_\_\_

CORNER OF SILK LANE AND WEST GREENVILLE ROAD (ROUTE 116)

WHEN WAS IT BUILT: 1913, AUGUST 20

WHO OWNS IT: TOWN OF SCITUATE, RI

WHO IS FINANCIALLY RESPONSIBLE FOR IT: TOWN OF SCITUATE, RI

ARE MATCHING FUNDS AVAILABLE: No FROM WHERE: \_\_\_\_\_

ARE OTHER SOURCES OF FUNDS AVAILABLE: No FROM WHERE: \_\_\_\_\_

AMOUNT BEING REQUESTED: \$ 435.00

DESCRIBE WORK THAT THESE FUNDS ARE NEEDED FOR: (Be specific, use back if necessary)

I HAVE ENCLOSED A SHEET WITH TWO PHOTOGRAPHS OF THE MONUMENT  
SHOWING AS ORIGINALLY DEDICATED AND AFTER BEING VANDALIZED. THE TOP  
PORTION OF THE ARTILLERYMAN'S SPONGE/RAMMER WAS BROKEN OFF AND  
WE WOULD LIKE TO GET IT REPAIRED ALSO ATTACHED AS AN ENCLOSURE IS AN  
APPRAISAL FOR THE REPAIR. MR. SCIOLTO ACTUALLY LIVES IN THE TOWN AND IS  
VERY FAMILIAR WITH THE MONUMENT

WHO EVALUATED THE NEED FOR THE WORK AND WHAT ARE THEIR QUALIFICATIONS: \_\_\_\_\_

Anthony Sciolto of A. Sciolto AND SON INC.

WHO WILL DO THE WORK DESCRIBED AND WHAT ARE THEIR QUALIFICATIONS: \_\_\_\_\_

A. Sciolto AND SON INC OPERATORS OF A MONUMENT COMPANY

WHO WILL RECEIVE THE FUNDS IF GRANTED: \_\_\_\_\_

A. Sciolto AND SON INC.

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 with Cannon  
 \_\_\_ Monument without Sculpture                      \_\_\_ Historical Marker                      \_\_\_ Plaque

Affiliation

- G.A.R. (Post Name & No. James C. Nichols Post 19)                      \_\_\_ 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. 20, 1913 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 RT 116 Town Common  
 City/Village N. Scituate Township \_\_\_\_\_ County Providence  
RI

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 Town of N. Scituate Dept./Div. UN Known  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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

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.) millstone

General Vicinity

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

Immediate Locale (check as many as may apply)

- Industrial
- Street/Roadside within 20 feet
- 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)	<u>No</u>	<u>No</u>
Any evidence of structural instability? (look for cracked joints, missing mortar or caulking or plant growth)	<u>No</u>	<u>No</u>
Any broken or missing parts? (look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)	<u>No</u>	<u>No</u>
Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the material)	<u>No</u>	<u>No</u>

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	___	___
Granular eroding of stone	___	___
Spalling of stone (surface splitting off)	___	___
Droppings (bird, animal, insect remains)	___	___
Other (e.g., spray paint graffiti) - Please describe...	___	___

MONUMENT IN Good Shape

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

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

Material of Plaque or Historical Marker / Tablet = \_\_\_\_\_

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 2 FT Width 4 FT Depth \_\_\_\_\_ or Diameter \_\_\_\_\_  
Sculpture: Height 7 FT Width 2 1/2 FT 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 UNKNOWN

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.

To The loyal men of Scituate 1861-1865  
Died in the Service

**Environmental Setting**

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

**Type of Location**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cemetery                 | <input type="checkbox"/> Park           | <input checked="" type="checkbox"/> Plaza/Courtyard |
| <input checked="" 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        | _____   |

**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) .

overall good condition  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

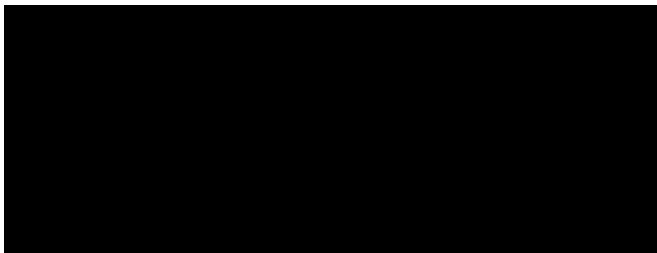
**Supplemental Background Information**

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. Thank you.

**Inspector Identification**

Date of On-site Survey July 7, 1998  
Your Name Alan Peterson  
Address 5 Kristee Circle City W. Warwick  
State RI Zip Code 02893 Telephone 

Please send this completed form to:



Thank you for your help, and attention to detail.

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