## 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
Х	Monument without Sculpture	Historical Marker X Plaque
	Other (flag pole, G.A.R. buildings, stained glass windows,	etc.)

## Affiliation

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 Citizens of Walnut Grove Township	_

### Original Dedication Date <u>5-30-1913</u>

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

City/Village Altona Township Walnut Grove County Knox         State Illinois         The front of the Memorial faces: North South X East West         Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in)         Name Altona Cemetery Board         Dept./Div.	The Memorial is <i>currently</i> loca Street/Road address or site lo		etery			
State Illinois		· · · · · · · · · · · · · · · · · · ·		County	Knox	
Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in) Name Altona Cemetery Board Dept./Div.						
Name Altona Cemetery Board Dept./Div.	The front of the Memorial face	es: North _	South <u>×</u>	_East	_West	
		ndividual Owner	(of private ce	metery tha	t Memorial	l is located in)
	Dept./Div.					
Street Address 200 S. Cherry Street City	Street Address 200 S. Cherry Street					City
Galesburg State IL Zip Code 62301 Contact Perso	Galesburg	Sta	ate ⊫ – 2	Zip Code	62301	Contact Perso
Greg Bacon         Telephone ( )         309-484-2112	Greg Bacon	_ Telephone (	) 309-484-2112	-	_	

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

# **Physical Details**

Material of Monument or base under a Sculpture or Ca name specific material (color of granite, mar	annon =Stone XCon ble, etc.) Gray conglomerate	crete Metal Undetermined If known,
SUVCW CIVIL WAR		
Material of the Sculpture = Stone $\times$ If known, name specific material (color of gra If the Sculpture is of metal, is it solid cast of	anite, marble, etc.)	
Material of Plaque or Historical Marker / Ta	ablet = Bronze	
Material of Cannon =BronzeIron - Markings on muzzle =		
Markings on Left Trunion	Right Trunion	
Markings on Left Trunion Is inert ammunition a part of the Memorial	? <u>No3</u> If so, describ	e
Approximate Dimensions (indicate unit of Monument or Base: Height <u>3 FT</u> Width Width Sculpture: Height Width Width Width		
For Memorials with multiple Sculptures, ple for each statue and attach to this form. Ple weapons/implements involved (in case you	ease describe the "po	se" of each statue and any
Markings/Inscriptions (on stone-work / m Maker or Fabricator mark / name? If so, give		
The "Dedication Text" is formed: cut ir	nto material <u>×</u> raise	d up from material face
Record the text (indicate any separation if or In Memory of our Departed Heroes, Veterans of Walnut Grove Tov		
Environmental Setting (The general vicinity and immediate locale surrounding Type of Location	g a memorial can play a ma	jor role in its overall condition.)
× Cemetery	Park	Plaza/Courtyard
Town Square"	Post Office	School
Municipal Building	State Capitol	Other:

- \_\_\_\_ Municipal Building
- Courthouse Traffic Circle

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College Campus

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General Vicinity X Rural (low population, open land) Town	Suburban (residential, near city) Urban / Metropolitan
Immediate Locale (check as many as a Industrial Commercial Street/Roadside within 20 feet Protected from the elements (canop Protected from the public (fence of Any other significant environmenta	Tree Covered (overhanging branches) y or enclosure, indoors) r other barrier)

## **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)		x
Metallic staining (run-off from copper, iron, etc.)	<u> </u>	<u> </u>
Organic growth (moss, algae, lichen or vines)		
Chalky or powdery stone	<u> </u>	
Granular eroding of stone Spalling of stone (surface splitting off)		
Droppings (bird, animal, insect remains)		
Other (e.g., spray paint graffiti) - Please describe		
Does water collect in recessed areas of the Memorial? Yes	×No Unabl	e 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? X 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). Concrete form with bronze plaque and flagpole. In decent shape for age. Little improvement could be made to the monument other than

perhaps cleaning it. Structurally it is in excellent 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 5-19-2012	
Your Name Gregory M. Carter, PCC	
Address 1118 1/2 Ohio Street	City Quincy
State <u>Zip Code</u>	Telephone
What Order or Organization is submitted	er a member of? SUVCW, MOLLUS

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

>This form may be photocopied.<

