

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. Cooling Post 316) M.O.L.L.U.S.
 W.R.C. (Corps Name & No. _____) Other Allied Order
 SUVCW (Camp Name & No. Woodcock Post 45) (Please describe below)
 DUVCW (Tent Name & No. _____)
 Other: _____

Original Dedication Date 1890 + 1897 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 CHESTNUT + UNION STREETS
 City/Village Byron Township Byron County Ogle

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 City of Byron Dept./Div. _____
 Street Address 232 W. 2ND ST.
 City Byron State IL Zip Code 61610
 Contact Person Chris Millard Telephone (815) 234-8709

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.) Gray Concrete.

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

Material of Plaque or Historical Marker / Tablet = IRON

Material of Cannon = ___ Bronze Iron - Consult known Ordnance Listing to confirm
 Markings on muzzle = WPF 1862 + WPF 1864
 Markings on Left Trunion X Right Trunion X
 Is inert ammunition a part of the Memorial? NO If so, describe _____

Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points
 Monument or Base: Height 2' Width _____ Depth _____ or Diameter 12'
 Sculpture: Height 15' Width 4' Depth 4' 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.

TABLET - TO THE MEMORY OF BYRON WAR DEAD 1861 - 1865
Cannon - Presented to the Citizens of Byron by ALBERT Woodcock Camp
No. 95 Sons of Veterans August 19th 1897

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 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 checked="" 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 _____

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) | <input checked="" type="checkbox"/> | ___ |
| Metallic staining (run-off from copper, iron, etc.) | <input checked="" type="checkbox"/> | ___ |
| 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... | ___ | ___ |

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).

1890 Marble obelisk on a Tri-level concrete octagonal base. Twin Perrott
Guns, mounts and cast iron fence. Added by SUVCW in 1897.

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

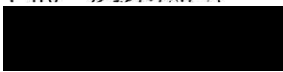
Date of On-site Survey 2-6-2010

Your Name Greg Carter

Address 1403 26th STREET

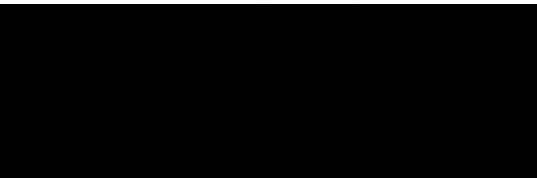
City Paulsboro

State IL Zip Code 61108

Telephone 

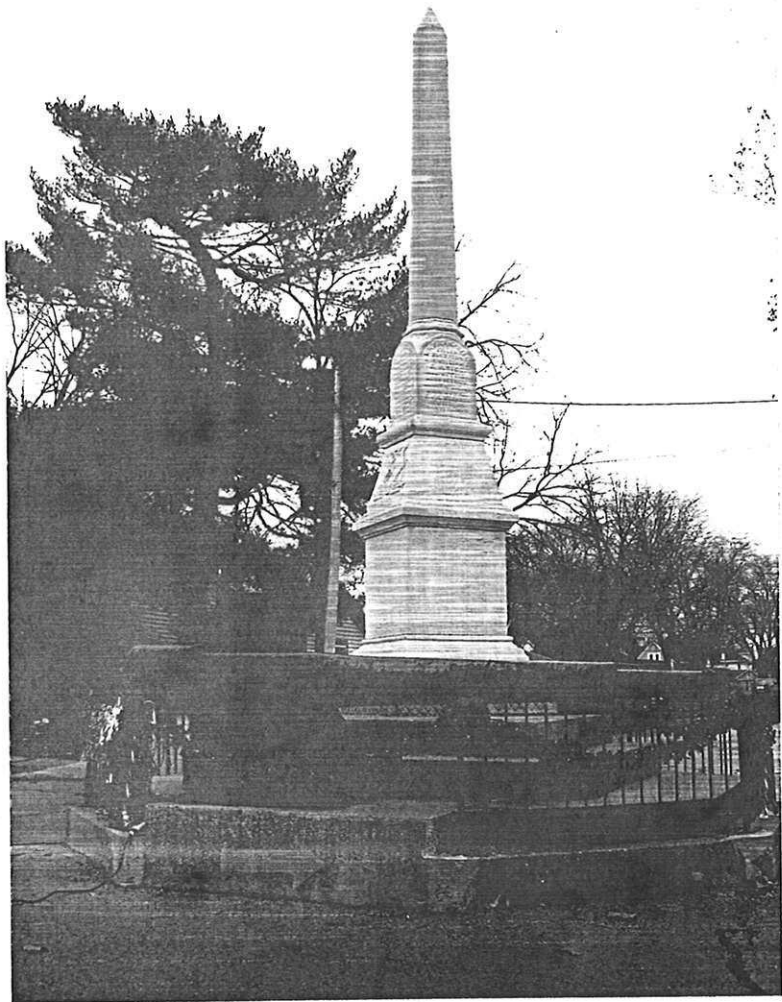
Please send this completed form to:

Kevin P. Tucker, PDC, Chair

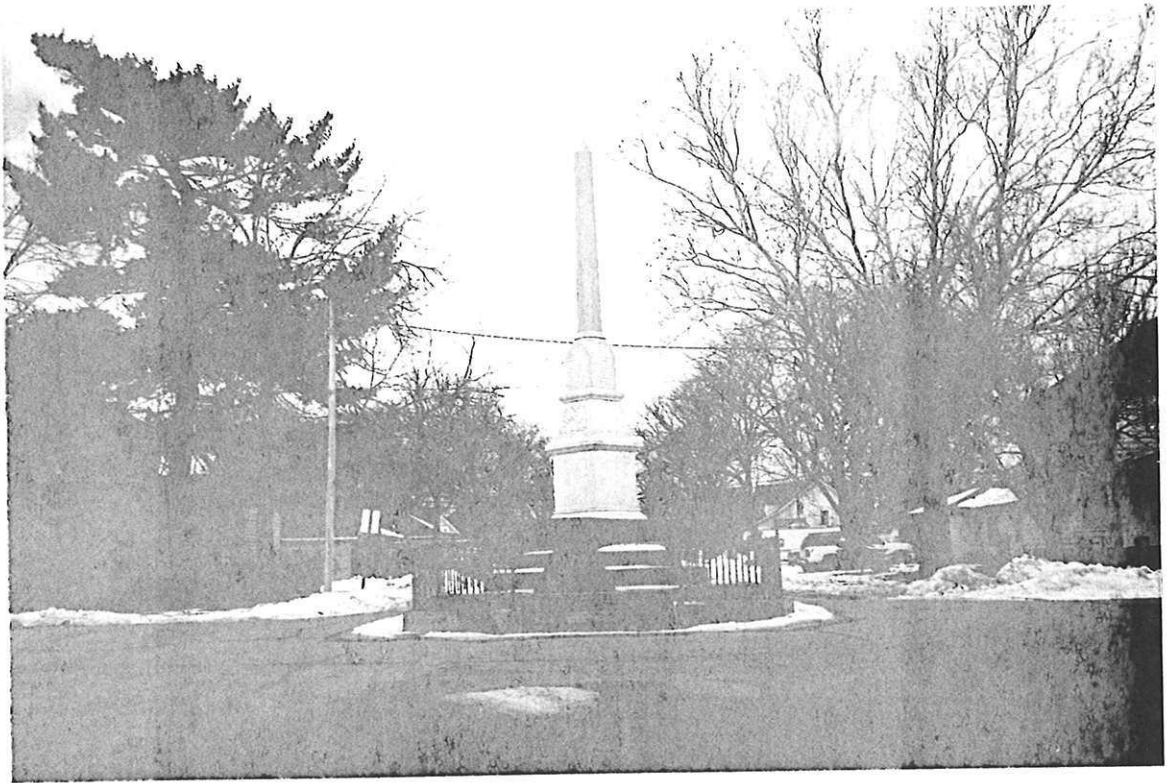


Thank you for your help, and attention to detail.

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



1900 G.A.R. Monument
And Parrott Guns
Chestnut St. Traffic Circle
Byron, W.



NATIONAL ORGANIZATION
SONS OF UNION VETERANS OF THE CIVIL WAR

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Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in)...

Name City of Byron Dept./Div. _____
 Street Address 232 W 2nd St
 City Byron State IL Zip Code 61010
 Contact Person _____ Telephone () _____

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

Material of Plaque or Historical Marker / Tablet = Iron

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Tablet - To THE MEMORY OF WAR DEAD 1861-1865

Cannon - Presented to the Citizens of Byron by
Albert Woodcock Camp No. 45 Sons of Veterans
August 19th 1897

Environmental Setting

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

Type of Location

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|--|---|--|
| <input 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 checked="" 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

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Twin Parrott Guns, mounts and cast iron fence
added by SUVCW in 1897.

Supplemental Background Information

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Inspector Identification

Date of On-site Survey 3/11/12

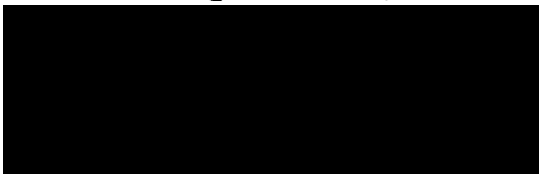
Your Name Philip A. Thompson

Address 1705 Nelson Dr City Machesney Park

State IL Zip Code 61115 Telephone 

Please send this completed form to:

Bruce B. Butgereit, PDC, Chair



Thank you for your help, and attention to detail.

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

SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL FUND REQUEST
(FORM CWM #62)

REQUESTOR INFORMATION

(Please print or type)

CAMP AND DEPARTMENT NAME: John A. Logan Camp #26 - Dept of IL

ADDRESS: c/o Stephen T. Arli
9903 Clay Ct

CITY: Roscoe

STATE: IL ZIP CODE: 61073

NAME OF CONTACT PERSON: Stephen T. Arli

ADDRESS: 9903 Clay Ct

CITY: Roscoe,

STATE: IL ZIP CODE: 61073

PHONE(S):



MEMORIAL OR MONUMENT INFORMATION

NAME OF MEMORIAL: Byron Civil War Memorial

LOCATION: (Name and address of cemetery or other location description, such as, corner of 3rd and Lincoln Street)

Intersection of Chestnut and 2nd Streets
Byron, IL 61010

WHEN WAS IT BUILT: 1890

WHO OWNS IT: City of Byron

WHO IS FINANCIALLY RESPONSIBLE FOR IT: City of Byron

ARE MATCHING FUNDS AVAILABLE? No FROM WHERE: _____

ARE OTHER SOURCES OF FUNDS AVAILABLE? No FROM WHERE: _____

AMOUNT BEING REQUESTED: \$300.00

WAS A GRANT PREVIOUSLY RECEIVED FOR THIS PROJECT? No

DATE RECEIVED _____ AMOUNT (\$) _____

TOTAL COST OF RESTORATION PROJECT: \$300.00

DESCRIBE WORK THE FUNDS ARE NEEDED FOR (Be specific, use continuation sheet, if necessary)
Wire Brushes, sandpaper, power-washing
supplies, primer paint, finish
paint black, finish paint white

WHO EVALUATED THE NEED FOR THE WORK, AND WHAT ARE THEIR QUALIFICATIONS? _____

Bo. Wm Johnson - many previous restorations.

WHO WILL DO THE DESCRIBED WORK, AND WHAT ARE THEIR QUALIFICATIONS? _____

Members of John A. Logan Camp #26

WHO WILL RECEIVE THE FUNDS, IF GRANTED? (if other than requestor, provide complete mailing address) _____

John A. Logan Camp #26 members

FORM PREPARED BY: Philip A. Thompson

ADDRESS: 1705 Nelson Dr

CITY, STATE, ZIP: Machesney Park, IL 61115

SIGNATURE: Philip A. Thompson

From: Phil Thompson [REDACTED]

To: CofA5 [REDACTED]

Cc: g2minime [REDACTED] paul [REDACTED]

Subject: Request for Monument Restoration Grant

Date: Tue, Apr 3, 2012 6:20 am

Attachments: DOC040312.pdf (179K)

Greeting Robert,

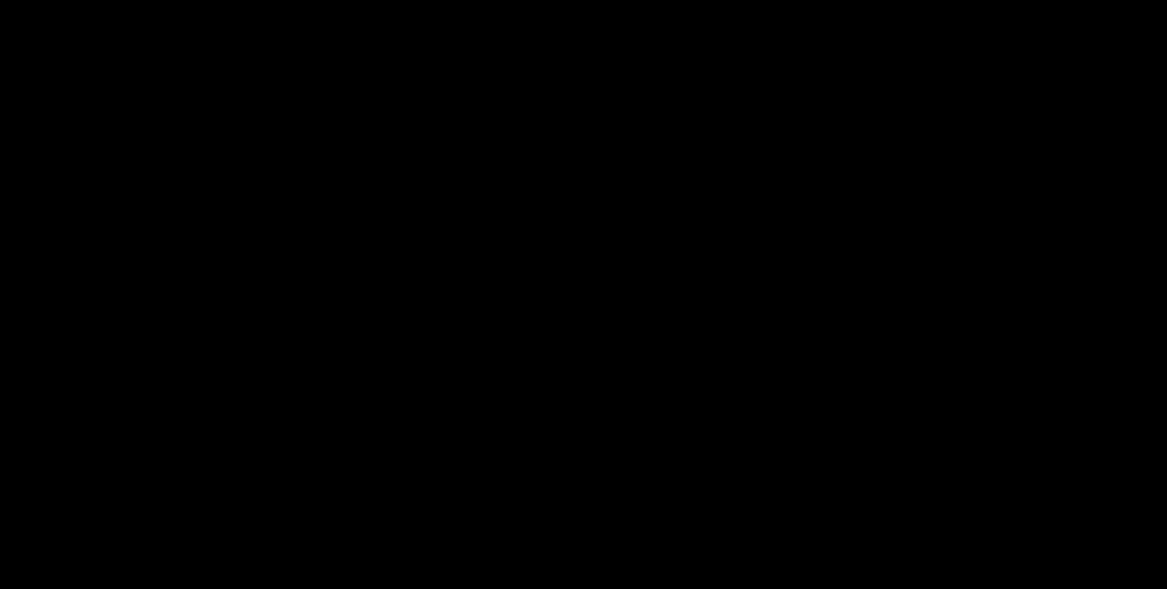
Attached please find our request for a grant for restoring the Byron Civil War Memorial (Form CWM 62) and a recent assessment form completed 3/11/2012

(Form CWM 61). If there is any other information required, please feel free to contact me during the day at the contact info listed below, or outside of business hours at [REDACTED]. My home e-mail is [REDACTED]

Thank you for your consideration.

In Fraternity, Charity, and Loyalty,
Brother Philip A. Thompson

Philip A. Thompson, CIC
Personal Lines Administrator
Spectrum Insurance Agency, Inc.



-----Original Message-----

From: Spectrum Insurance [REDACTED]
Sent: Tuesday, April 03, [REDACTED]
To: Phil Thompson
Subject: Scanned from e281cid3077 04/03/2012 06:02

Scanned from e281cid3077.
Date: 04/03/2012 06:02
Pages:5
Resolution:200x200 DPI

From: Bob Petrovic [REDACTED]
To: g2minime [REDACTED]
Cc: RPetro7776 [REDACTED] >
Subject: Grant
Date: Thu, Jul 5, 2012 2:49 pm

Brother Stephen,

The committee has looked at your request for a grant. The committee has awarded you a grant of \$150.00. The paper work has been forwarded to treasurer Richard Orr who will issue you a check.

In Fraternity, Charity, and Loyalty,
Robert M. Petrovic, PDC.
Memorials/Monument Committee Chairman

SUVCW MEMORIAL GRANTS REQUEST

2011 - 2012

GRANT REQUEST # 2011-2012-5

Project Name: Byron Civil War Memorial

Camp/Dept: John A. Logan Camp #26, Dept. of Illinois

Monument Location: Intersection of Chestnut & 2nd Street, Byron IL

Contact Person: Stephen T. Aarli

Check Payable to: John A. Logan Camp #26

Address: Stephen T. Aarli, 9903 Clay Ct, Roscoe, IL 61073

Amount Requested: \$300.00

Total cost of project: \$300.00

Amount Approved: \$150.00

Existing Monument X New Monument Last Soldier Project

Please initial your vote next to your name, then sign and date below, once completed, fax or email to Bob Petrovic, [REDACTED] who will send it to Richard Orr, National Treasurer for payment.

Approved Denied Tabled

Robert M. Petrovic, PDC *RMP*

Tad D. Campbell, PDC *TDC*

Bill Vierra, PDC

Signature *Robert M. Petrovic* **Date** *6/8/12*

Signature *J. Glass* **Date** *6/25/2012*

Signature _____ **Date** _____

Comments: We do not grant funds for the total restoration of a monument. I suggest \$150.00 which is 50% of the total funds requested.