Plaque

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.

Type of Memorial

- Thank You.

Historical Marker

Monument with Cannon

Monument with Sculpture Monument without Sculpture

Affiliation

V G.A.R. (Post Name & No. Oregon Post file
Original Dedication Date 1919 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 <i>currently</i> located at: Street/Road address or site location <u>Daysville</u> City/Village Township <u>Daysville</u> County <u>Ogle</u>
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 Ogle Ogl
City State / Zip Code 6/06/
City State / Zip Code Contact Person Mekwley Telephone (815) 732-1111
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.) Coucrete - Tan color

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Material of the Sculpture = Stone \checkmark Concrete Metal Undetermined If known, name specific material (color of granite, marble, etc.) $\underline{\tau_{\alpha\beta}}$ Concrete Undetermined If the Sculpture is of metal, is it solid cast or "hollow?"
Material of Plaque or Historical Marker / Tablet =
Material of Cannon =BronzeIron - Consult known Ordnance Listing to confirm Markings on muzzle = Markings on Left Trunion Right Trunion Is inert ammunition a part of the Memorial?
Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points Monument or Base: Height 10' Width 5' Depth 5' or Diameter Sculpture: Height 7' Width 3' Depth 2' 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. $\int O = O I$
Environmental Setting
(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.) Type of Location
Cemetery Park Plaza/Courtyard "Town Square" Post Office School Municipal Building State Capitol Other: Courthouse College Campus

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General Vicinity

✓ Rural (low population, open land)

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		
Granular eroding of stone		° <u></u>
Spalling of stone (surface splitting off)		
Droppings (bird, animal, insect remains) Other (e.g., spray paint graffiti) - Please describe	1 	^т а
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Does water collect in recessed areas of the Memorial? ____Yes ____No ____Unable to tell

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No ____ Unable to determine

Surfa	ce Co	ating					
Does	there	appear	to	be	а	coating?	 Yes

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 desc	ribe the Me	morial (affil	iation / overa	all condition	& any	concern not	already	touched on) .
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Leading	to MON	int 1	s crevene s	worth a	Bleel	a That	reads	"Soidiers"

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	
Your Name Grey Caster	
Address 1408 26- STREET	City_Rockford
State <u>16</u> Zip Code <u>6108</u>	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



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