

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: GAR LADIES AUXILIARY

Original Dedication Date _____ 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 Maw Street Triangle
 City/Village Erie Township Erie County Whiteside

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 Village of Erie Dept./Div. _____
 Street Address 901 8th Avenue
 City Erie State IL Zip Code 61250
 Contact Person Marcia Smith Telephone (~~815~~ 309) 659-7740

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.) Concrete

Material of the Sculpture = ___ Stone ___ Concrete Metal ___ Undetermined

If known, name specific material (color of granite, marble, etc.) Iron

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? No If so, describe _____

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

Monument or Base: Height 2' Width 3' Depth 3' or Diameter _____

Sculpture: Height 6' Width 4' Depth 4' or Diameter 4'

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.
NONE

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) .

GAR Ladies Auxiliary Fountain

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 1-24-2010

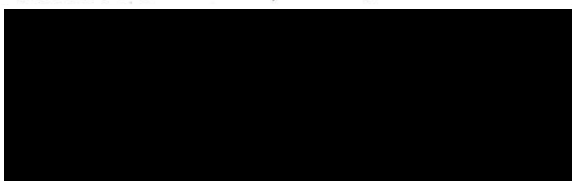
Your Name Greg Carter

Address 1403 26th STREET CITY ROCKLAND

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

