PLEASE:

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NATIONAL ORGANIZATION

SONS OF UNION VETERANS OF THE CIVIL WAR

CIVIL WAR MEMORIAL ASSESSMENT FORM

 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 — Monument with Carmon Plaque
V Monument Without Sculpture historical Marker haque
Affiliation
G.A.R. (Post Name & No)M.O.L.L.U.S.
W.R.C. (Corps Name & No.) Other Allied Order
DUVCVV (Tent Name & No.
VOther: C.t.zws of Hebrer
Other: C.F. S. o.F. Helical Original Dedication Date 1833 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.
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 Halizen Campbell
Street/Road address or site location Hebran Cenetery City/Village Hebran Township Hebran County McHoury
City/ vinage / recress Township / recress
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 Volace of Hearn Dept./Div. Public works
Street Address 12007 Prairie hienve
City Meb-on State / L Zip Code 60034
Name Village of Hebron Dept./Div. Public works Street Address 12007 Prairie hieuve City Hebron State /L Zip Code 60034 Contact Person Frank Beatly Telephone (815) 648-2350
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.)

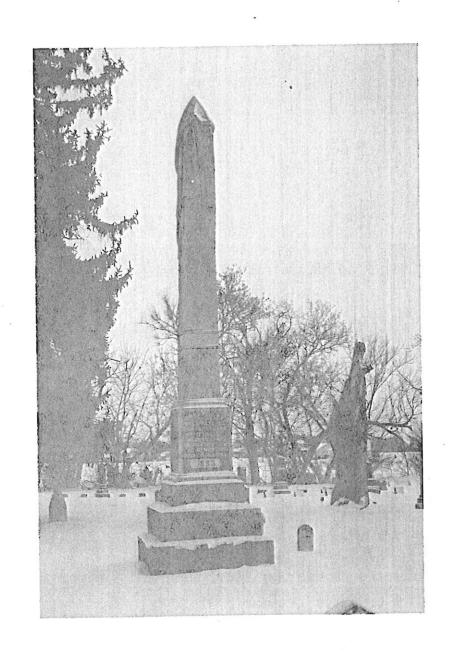
Material of the Sculpture = StoneConcrete Metal Undetermined If known, name specific material (color of granite, marble, etc.) If the Sculpture is of metal, is it solid cast or "hollow?"
Material of Plaque or Historical Marker / Tablet = Gravite
Material of Cannon =BronzeIron - Consult known Ordnance Listing to confirm Markings on muzzle = Right 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/S_/ Width Depth or Diameter Sculpture: Height 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.
Dedicated to The menory of her soldiers
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 Traffic Circle Library

	ourban (residential, near c an / Metropolitan	ity)
Immediate Locale (check as many as may apply) Industrial Commercial Street/Roadside within 20 feet Tree Covered (or Protected from the elements (canopy or enclosure, indo Protected from the public (fence or other barrier) Any other significant environmental factor	ors)	G.
Condition Information		
Structural Condition (check as many as may apply) The following section applies to Monuments with Sculpture, and Moincluding the base for Monuments with Cannon. Instability in the by a number of factors. Indicators may be obvious or subtle.	sculpture and its base can be	detected
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	Occuptaro	
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	. —	
Does water collect in recessed areas of the Memorial?	Yes 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). Occlose of Concrete with flag Oraged on top of point manble pand on front face.
Supplemental Background Information In addition to your on-site survey, any additional information you can provide on the describe Memorial will be welcomed. Please label each account with its source (author, title, publishe date, pages). Topics include any reference to the points listed on this questionnaire, plus an previous conservation treatments - or efforts to raise money for treatment. Thank you.
Inspector Identification Date of On-site Survey 01-10-2010 Your Name Gasan Carter
Your Name Green, Carter Address 1908 26 STREET State _/_ Zip Code 61108 Telephone 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



Civil war Monumit Hebron, IL