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	Х	_ Monument with Ca	annon
Monument without Sculpture		Historical Marker	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	_

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 <i>currently</i> Street/Road address or sit			meterv					
City/Village La Moille				Co	ountv	Bureau		
State Illinois				00	Junty			
The front of the Memorial	faces:	North	_ South	×Ea	ist	_West		
Government Body, Agency, Name Village of La Moille	or Individu	al Owner	(of private	cemete	ry tha	t Memorial	is located in)	
Dept./Div. City Clerk								
Street Address 68 N. Main Stre	et						Ci	tv
La Moille		Sta	ate ⊫	Zip C	Code	61330	Contact	2
Unknown	Telep	hone (815-638-2	242		_		
If the Managerial has been a					`			

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

Material of Monument or base under a Sculpture or Cannon = $\Stone \times_{_} Concrete \Metal \Undetermined If known, name specific material (color of granite, marble, etc.)$
SUVCW CIVIL WAR
Material of the Sculpture = Stone \times Concrete 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 =
Material of Cannon = Bronze × Iron - Consult known Ordnance Listing to confirm

Markings on Left Trunion None visible Right Trunion None visible Is inert ammunition a part of the Memorial? YES If so, describe 2 pyramids of 20 15" shells

Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points Monument or Base: Height 4 FT Width 5 FT Depth 5 FT or Diameter Sculpture: Height Width Depth 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.

Environmental Setting

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

- × Cemetery
- "Town Square"
- Municipal Building
- Courthouse
- Traffic Circle

Park Post Office State Capitol College Campus Library

Pla	za/Courtyard
Sch	loor
Other:	

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General Vicinity Rural (low population, open land) X Town	Suburban (residential, near city) Urban / Metropolitan
Immediate Locale (check as many as a Industrial Commercial X 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)		
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	× No Unabl	e to tell

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Surface Coating

Does there appear to be a coating? <u>×</u> Yes <u>No</u> Unable to determine If known, identify type of coating. <u>Gilded ×</u> Painted Varnished <u>Waxed</u> Unable to determine Is the coating in good condition? <u>Yes</u> No <u>Unable to determine</u>

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). 15-inch Dahlgren Cannon with 40 matching shells on a concrete base with a flagpole. No engraving or other markings.

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 10-8-2011		
Your Name Gregory M. Carter PCC		
Address 1601 S. 24th Street Apt.407	City Quincy	
State Zip Code 62301	Telephone	
What Order or Organization is submitter	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

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