

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. J.C. Lee Camp 82) (Please describe below)
 DUVCW (Tent Name & No. _____)
 Other: SUVCWA #35

Original Dedication Date 1924 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 ELIZABETH CEMETERY
 City/Village ELIZABETH Township ELIZABETH County JO DAVISS

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 ELIZABETH Dept./Div. Public Works.
 Street Address 791 U.S. Route 20 West
 City ELIZABETH State IL Zip Code 61028
 Contact Person STEPHEN KEEFER Telephone (815) 858-2437

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.) _____
 If the Sculpture is of metal, is it solid cast or "hollow?" _____

Material of Plaque or Historical Marker / Tablet = Bronze

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 5' Width 6' Depth 6' 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.

This tablet is dedicated by the Sons of Veterans Auxiliary No. 35
J.C. LEE Camp 82, ELIZABETH, IL.

TO ALL SOLDIERS, SEILERS AND MARINES WHO SERVED OUR COUNTRY
IN TIME OF WAR

- 1924 -

Environmental Setting

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

Type of Location

- | | | |
|--|---|--|
| <input checked="" 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 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	___	<input checked="" type="checkbox"/>
White crusting	___	<input checked="" type="checkbox"/>
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	___	<input checked="" type="checkbox"/>
Granular eroding of stone	___	___
Spalling of stone (surface splitting off)	___	___
Droppings (bird, animal, insect remains)	___	<input checked="" type="checkbox"/>
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).

2-Level Concrete Pyramid Monument

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 3-30-2010

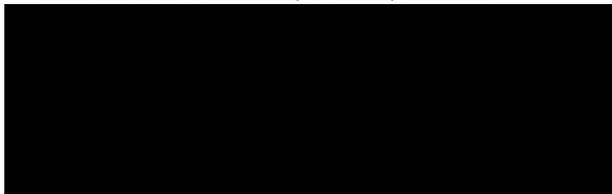
Your Name Greg Carter

Address 1408 26th St. City Roxford

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

