

NATIONAL ORGANIZATION
SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM

Type of Memorial (check all applicable)

Monument with Sculpture without Sculpture with Cannon standalone Cannon
 Historical Marker Plaque Other (flag pole, G.A.R. buildings, stained glass windows, etc.)

BIRD BATH

Affiliation

GAR MOLLUS SUVCW WRC ASUVCW
 LGAR DUVCW Other

If known, record name and number of post, camp, corps, auxiliary, tent, circle or appropriate information of other groups:

OHIO DEPARTMENT

Original Dedication Date June 19, 1928 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 Zane Park NW Corner of S Broad St & E Main St

GPS Coordinates N39°42' 51.11999" W82°36' 8.03999"

City/Village &/or Township Lancaster

County Fairfield State MO Zip Code ~~43300~~ 43130

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name Fairfield County Parks

Dept./Div. _____

Street Address 407 E Main St

City Lancaster State OH Zip Code 43130

Contact Person UNK Telephone (740) 681-7249 ext _____

Is Memorial on the National Register of Historic Places Yes No ID # if known _____

UNK

For Monuments with/without sculpture:**Physical Details**

Material of Monument or base under a Sculpture or Cannon = Stone Concrete Metal Other

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

Material of the Sculpture Stone Concrete Metal Other Is it hollow or solid? _____

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

For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = _____

For Cannons with/without monument:

Material of Cannon = _____ Bronze _____ Iron Type of Cannon (if known) _____

Rifled ___ YES ___ NO

Markings: Muzzle _____ Base Ring/Breech _____

Left Trunion _____ Right Trunion _____

Is inert ammunition a part of the Memorial? ___ Yes ___ No

[For camp/department monuments officer's use: Cannon on list of known ordnance] ___ Yes ___ No

For Other Memorials: (flag pole, G.A.R. buildings, stained glass windows, etc.)

What best describes the memorial

Materials of the Memorial

Complete for All Memorials

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

4' ft Height 2 1/2 ft Width 2 1/2 ft Depth or _____ Diameter

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue (service, pose, etc) 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!

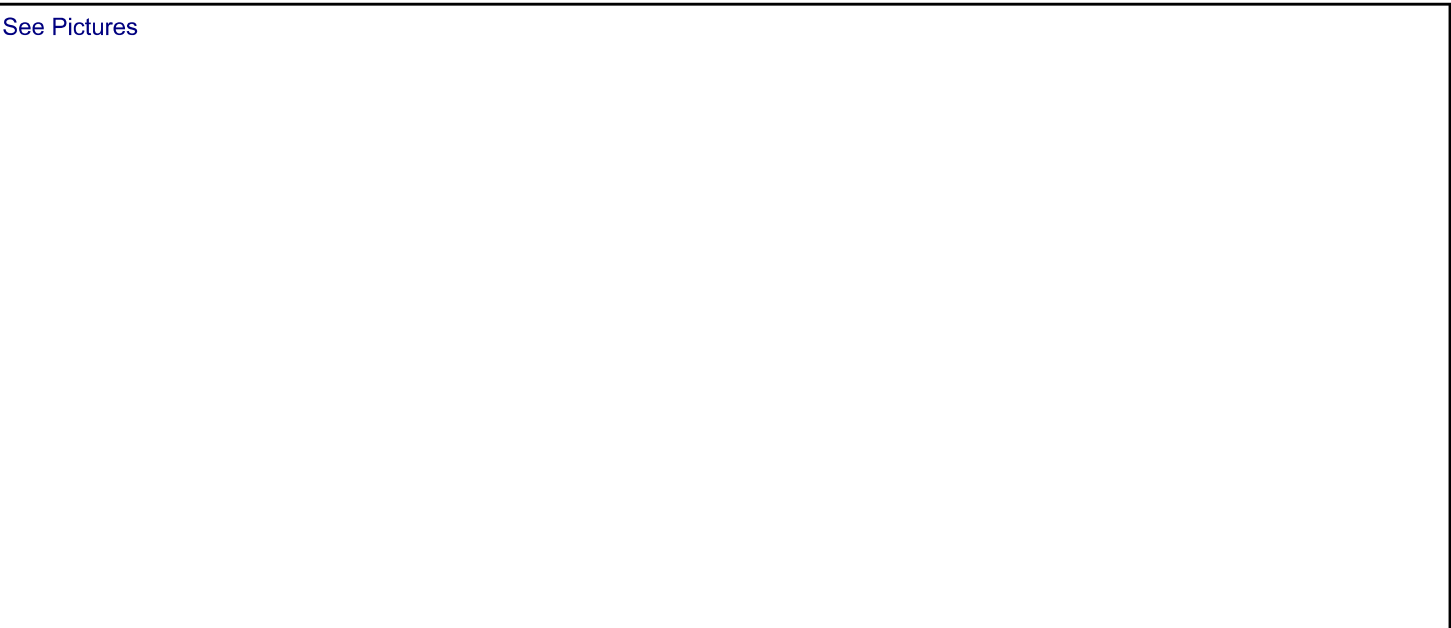
Markings/Inscriptions (on stone-work / metal-work of monument, base, sculpture)

UNKNOWN

Maker or Fabricator mark / name? If so, give name & location found

Please attach legible photographs of all text &/or Record the text in the space below. Please use the addendum – narrative sheet if necessary.

See Pictures



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 Courthouse College Campus
 Traffic Circle Library Other: _____

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 _____

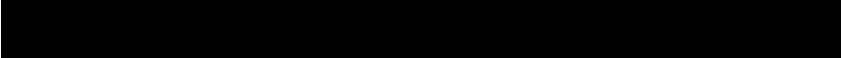
[To detail the condition of a monument used the addendum form for *Monument's Condition*]

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.

Addendums attached to this electronic file are the *Monument's Condition* and the *Narrative* forms. Only the *Monument's Condition* form is required if you are requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

Thank you.

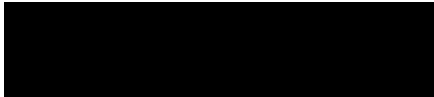
Inspector Identification _____ Date of On-site Survey 03/09/2020
Your Name Walter Busch
Address 1240 Konert Valley Dr
City Fenton State MO Zip Code 63026
Telephone 

Are you a member of the Allied Orders of the G.A.R.? If so, which one?

US Grant Camp 68, SUVCW

Please send this completed form to:


Walt Busch, PDC, Chair
1240 Konert Valley Dr.
Fenton MO 63026



Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR – CIVIL WAR MEMORIALS COMMITTEE.





A MEMORIAL TO OUR FATHERS
PRESENTED BY THE OHIO DEPARTMENT
DAUGHTERS OF UNION VETERANS
OF THE CIVIL WAR
JUNE 19, 1928

