FORM CWM #61

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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 Cann	on
Monument without Sculpture	Historical Marker	Plaque

Affiliation

	G.A.R.	(Post	Name & No.)	M.O.L.L.U.S.
	W.R.C.	(Corps	s Name & No.)	Other Allied Order
	SUVCW	(Camp	Name & No)	(Please describe below)
			Name & No.)	
	Other: _	G.A.R.	L. Ladies	Auxilliary		
0	riginal De	dicati	on Date _/8	284		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> located at: Street/Road address or site location	fill Comptery Veteraus Park
City/Village <u>Merrican</u> Township <u>Morric</u>	con County article
The front of the Memorial faces: North	
Government Body, Agency, or Individual Owner (of Name <u>City of Memisor</u>	private cemetery that Memorial is located in) Dept./Div. <u>Parks</u> +Rec.
Street Address 200 W. Mary ST. City Morrison	State //_ Zip Code 6/270
Contact Person Tim Lows	Telephone (815) 272 - 7557

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

Physical Details

Material of Monument or base under a Sculpture or Cannon = ___Stone <a>Concrete ___ Metal ___ Undetermined If known, name specific material (color of granite, marble, etc.) _____

SUVCW -- CIVIL WAR MEMORIAL ASSESSMENT FORM (CWM #61)

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 = <u>Review</u>						
Material of Cannon =BronzeIron - Consult known Ordnance Listing to confirm Markings on muzzle = Markings on Left Trunion Right Trunion Is inert ammunition a part of the Memorial?						
Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points Monument or Base: Height _2' Width _2' Depth or Diameter _2' Sculpture: Height _2' Width _35' Depth or Diameter _35'						
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.						
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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						

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SUVCW -- CIVIL W AR MEMORIAL ASSESSMENT FORM (CWM#61)

General Vicinity Suburban (residential, near city) Rural (low population, open land) Urban / Metropolitan Town 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)		
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 Unable to tell

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Surface Coating

Does	there	appear	to	be	а	coating?		Yes	$\underline{\checkmark}$	No	 Unable	to	determine
If know	wn, ide	ntify typ	e of	coa	ating	۱.							
G	ilded _	Pain	ted		Va	rnished _	W	axed		Unal	determi		

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 N	Aemorial	(affiliation /	overall	condition	& any	concern	not al	ready to	ouched or	1) .
3-1	Tier F	ousta	in aus) Concrete	Pool.	Restor	. J. ,	~ 1959	1 For	- 100	E FAMIL	<u>′.</u>
				Club + Pr.						*		

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	<u> </u>
Your Name Gregory Carter	
Address 1903 26- STREET	City RoleERD
State 74 Zip Code 6/108	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

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