FORM CWM #61 Page 1 of 4

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 Monument without Sculpture Other (flag pole, G.A.R. buildings, stained glass windows, etc.) Type of Memorial Monument with Cannon 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 American Legion Coe-Lamb Post 421
Original Dedication Date 1920 Please consult any/all newspaper archives for a local paper's article that would have information on the <i>first</i> 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 American Legion Post Building City/Village Port Byron Township Port Byron County Rock Island
City/Village Port Byron Township Port Byron County Rock Island State Illinois
The front of the Memorial faces: North South East _X West Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in) Name Coe-Lamb Post 421 American Legion
Dept./Div Street Address 210 N. Main Street City
Port Byron State L Zip Code 61275 Contact Person
Shawn VanDriessche Telephone () 309-523-3556
If the Memorial has been moved, please list former location(s).

FORM CWM #61 Page 2 of 4

Physical Details

Material of Monument or base under a Sculpture or Cannon = X_Stone Concrete Metal Undetermined If known name specific material (color of granite, marble, etc.)				
SUVCW CIVIL WAR				
Material of the Sculpture = X 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 =				
Markings on Left Trunion	Right Trunion			
Is inert ammunition a part of the N	Memorial? No If so, describe			
Approximate Dimensions (indice Monument or Base: Height 4 FT Sculpture: Height Width _	cate unit of measure) - taken fron Width 3 FTDepth 4 FT or Diame	n tallest / widest points or Diameter		
For Memorials with multiple Sculp for each statue and attach to this weapons/implements involved (in	form. Please describe the "pose	•		
Markings/Inscriptions (on stone Maker or Fabricator mark / name?				
The "Dedication Text" is formed:	× cut into material raised	up from material face		
Record the text (indicate any separation of the				
Environmental Setting				
(The general vicinity and immediate locale Type of Location	surrounding a memorial can play a major	role in its overall condition.)		
Cemetery	Park	Plaza/Courtyard		
"Town Square"	Post Office	School		
Municipal Building	State Capitol	Other: American Legion		
Courthouse Traffic Circle	College Campus Library	Hall		

FORM CWM #61 Page 3 of 4

General Vicinity Rural (low population, open land) Town	Suburban (residen Urban / Metropolita	
Immediate Locale (check as many as may apply) Industrial _X Commercial X Street/Roadside within 20 feet Tree Covered (composed from the elements (canopy or enclosure, incomposed from the public (fence or other barrier) Any other significant environmental factor	doors)	
Condition Information		
Structural Condition (check as many as may apply)		
The following section applies to Monuments with Sculpture, and including the base for Monuments with Cannon. Instability in the number of factors. Indicators may be obvious or subtle. Visually	sculpture and its base can	be detected by a
If hollow, is the internal support unstable/exposed?	Sculpture	Base
(Look for signs of exterior rust)		
Any evidence of structural instability? (Look for cracked joints, missing mortar or caulking or plant gr	rowth)	
Any broken or missing parts? (Look for elements (i.e., sword, musket, hands, arms, etc m due to vandalism, fluctuating weather conditions, etc.)	<u></u>	
Any cracks, splits, breaks or holes? (Also look for signs of uneven stress & weakness in the mater	 ial)	
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 <u>×</u> No Unable	to tell

FORM CWM #61 Page 4 of 4

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? 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). 3-inch Ordnance Rifle on cement and field stone base. Excellently maintained by the Port Byron American Legion post. The monument
is scheduled to be removed to the Port Byron cemetery in the fall of 2012 when the American Legion moves to its new building and the
current location is sold.

Supplemental Background Information

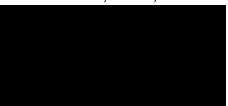
In addition to your on-site survey, any additional information you can provide on the described Memorial will be welcomed. Please label each account with its source (author, title, publisher, date, pages). Topics include any reference to the points listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment. Thank you.

Inspector Identification

Date of On-site Survey 1-27-2012	
Your Name Greg Carter, PCC	
Address 1601 S. 24th Street Apt. 407	City Quincy
State _L 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