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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	Sculpture _/ Monument with Cannon		
Monument without Sculpture	Historical Marker	Plaque	
Affiliation	Q+ E41	M.O.L.L.U.S.	
VG.A.R. (Post Name & No. Rochelle	<u>7051 076</u>	Other Allied Order	
W.R.C. (Corps Name & No			
SUVCW (Camp Name & No)	(Please describe below)	
DUVCW (Tent 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			
Please submit a copy of your findings with full identificatio	n of the paper & date of publication	i. Thank you.	
Location			
The Memorial is <i>currently</i> located at:			
Street/Read address or site location	SI SI Ave		
Oite Village Roll V Township	County C	Dr. La	
Street/Road address or site location79 City/Village <u>Rochalla</u> Township	County	- <u></u>	
The front of the Memorial faces:/North			
Government Body, Agency, or Individual Owne	r (of private cemetery that Me	morial is located in)	
Name Flagg Tup Historical Museu			
Street Address 518 4" Avenue			
City Rochelle	State //- Zip C	ode 6.1063	
Contact Person Becky Leifheit	Telephone (#15)	562-3040	

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

Physical Details

Contact Person

Material of Monument or base under a Sculpture or Cannon = ____Stone ____ Concrete ____ Metal ____ Undetermined If known, name specific material (color of granite, marble, etc.) Linestove Black

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Material of the Sculpture = StoneConcre If known, name specific material (color of granite, man If the Sculpture is of metal, is it solid cast or "holl	arble, etc.)
Material of Plaque or Historical Marker / Tablet =	=
Material of Cannon =Bronze $/$ Iron - Cons Markings on muzzle = \bigcirc FPF 1864 Markings on Left Trunion X Is inert ammunition a part of the Memorial?	sult known Ordnance Listing to confirm Right Trunion <u>×</u> If so, describe
Approximate Dimensions (indicate unit of measu Monument or Base: Height Sculpture: Height	ure) - taken from tallest / widest points Depth _ <i>5</i> ′ or Diameter Depth or Diameter
For Memorials with multiple Sculptures, please is sheet of paper for each statue and attach to this each statue and any weapons/implements invo separated from this form). Thank you!	s form. Please describe the "pose" of
Markings/Inscriptions (on stone-work / metal-w Maker or Fabricator mark / name? If so, give nan	work of monument, base, sculpture) me & location found
The "Dedication Text" is formed: \checkmark cut into mate Record the text (indicate any separation if on different sides. $\swarrow Rest Face = G \cdot A \cdot R$ $\exists Rest Face = 1861 - 1865^{-1}$) Please use additional sheet if necessary.
Environmental Setting	een play a major role in its overall condition)
(The general vicinity and immediate locale surrounding a memorial o Type of Location	can play a major role in its overall condition.)
Cemetery Park "Town Square" Post Office Municipal Building State Capi Courthouse College Capital Traffic Circle Library	bitol Other:
> This form may be photocopied. <	©2007 Sons of Union Veterans of the Civil War, a Corporation.

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General Vicinity

Rural (low population, open land)

Town

Suburban (residential, near city) 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.

4	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)		\checkmark
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		1 <u>000</u>
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 a coating? Ves 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 Vould 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) . 50 - Peter Rockman Guns ON STOR Rase.

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 /- 17-20	010			
Your Name	Gregory Caster				
Address	1408 265	57.	Citv	Rorieford	
State 14	Zip Code8	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

