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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.	- Thank You.	
Type of Memorial			
Monument with Sculpture	× Monument with C	annon	
Monument without Sculpture	Historical Marker	X 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		(Please describe below)	
DUVCW (Tent Name & No			
XOther: National Cemetery and Defense Installatio	n		
Original Dedication Date Two Dates in Descrip	ption Please consult any/all r	newspaper archives for a	
local paper's article that would have information on the f	first dedication ceremony and/or other	facts on the memorial.	
Please submit a copy of your findings with full identificat	ion of the paper & date of publication	. Thank you.	
Location			
The Memorial is <i>currently</i> located at:			
Street/Road address or site location Rock !	Island Arsenal		
City/Village Rock Island Township IL	County 612	201	
The front of the Memorial faces: X Nor			
Government Body, Agency, or Individual Own	er (of private cemetery that Mer	norial is located in)	
Name Rock Island Arsenal Street Address Building 90 Rock Island Arsenal	Dept./Div. IMSCOM		
City Rock Island	State Zin Co	ndo 61201	
Contact Domen Joel Hims!	State Zip Co	782-3982	
City Rock Island Contact Person Joel Himsl	relephone (309)_		
If the Memorial has been moved, please li			
Physical Details			
Material of Monument or base under a Sculpture or Car	nnon =Stone _X ConcreteI	Wetal Undetermined	
If known, name specific material (color of gran			

Material of the Sculpture = If known, name specific material (co If the Sculpture is of metal, is it s	olor of granite, marble, etc.)				
Material of Plaque or Historical Marker / Tablet = Bronze					
Material of Cannon = XBronze Markings on muzzle = Markings on Left Trunion ls inert ammunition a part of the	<pre> Right Tro Memorial? If so, or </pre>	n Ordnance Listing to confirmunion			
Approximate Dimensions (indice Monument or Base: Height Sculpture: Height	ft Width 3 ft Depth	3 ft or Diameter			
For Memorials with multiple Scu sheet of paper for each statue a each statue and any weapons separated from this form). Thank	and attach to this form. I /implements involved (in	Please describe the "pose" of			
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 Plaque 1: 15" Rodman Cannon, Unveiled Me		use additional sheet if necessary.			
Plaque 2: American Civil War 1861-1865. De	edicated November 11th, 1996				
Environmental Setting (The general vicinity and immediate locale su	urrounding a memorial can play a n	naior role in its overall condition)			
Type of Location	<u> </u>				
_ X_ Cemetery "Town Square" Municipal Building Courthouse Traffic Circle	Park Post Office _ State Capitol College Campus Library	_X Plaza/Courtyard School Other:			

General Vicinity Rural (low population, open land)	Suburban (residential, r	near city)
Town	Urban / Metropolitan	
Immediate Locale (check as many as may apply) X Industrial Commercial		
X Street/Roadside within 20 feet Tree Cove	red (overhanging branches)	
Protected from the elements (canopy or enclosure	e, indoors)	
Protected from the public (fence or other barri		
Any other significant environmental factor		
Condition Information		
Structural Condition (check as many as may ap		
The following section applies to Monuments with Sculpture,	and Monuments without Sculpt	ure -
including the base for Monuments with Cannon. Instability by a number of factors. Indicators may be obvious or subase.		
	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 grow	wth)	
Any broken or missing parts?		
(look for elements (i.e., sword, musket, hands, arms, etc miss due to vandalism, fluctuating weather conditions, etc.)	ang	
Any cracks, splits, breaks or holes?		
(also look for signs of uneven stress & weakness in the materia	d)	
Surface Appearance (check as many as may a	pply)	
5	Sculpture	Base
Black crusting White crusting		<u> </u>
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 _X No l	Jnable to tell

Surface Coating						
Does there appear to be a coating? \times Yes	No. I Inable to determine					
If known, identify type of coating.	Chable to determine					
	Unable to determine					
Gilded X Painted Varnished Waxed Unable to determine Is the coating in good condition? X 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 &	
					Group 1: Three Rodman cannons mounted at gravesite of General Ro	
Group 2: Building 60 south entrance: Four 12-pounder mountain how						
Group 3: Building 68 courtyard entrance: Two 30-pounder Parrott Tul						
Group 4: Confederate Cemetery: Four 3" ordnance rifles mounted on						
Group 5: Fort Armstrong Group: Two 3" Ordnance Rifles mounted on	replica naval carriages.					
In addition to your on-site survey, any additional inform Memorial will be welcomed. Please label each account date, pages). Topics include any reference to the point previous conservation treatments - or efforts to raise mon Inspector Identification Date of On-site Survey 8-1-2010 Your Name Gregory M. Carter PCC Address 1601 S. 24th Street, Apt. 407	t with its source (author, title, publisher, ts listed on this questionnaire, plus any					
State IL Zip Code 62301 Telepho	one					
Please send this completed form to:						
Bruce B. Butgereit, PDC, Chair						
Thank you for your help, and attention to detail.						

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