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## 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 with Cannon  X Monument without Sculpture Historical Marker Plaque  Other ( flag pole, G.A.R. buildings, stained glass windows, etc.)					
Affiliation					
Original Dedication Date Unknown 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 currently located at: Street/Road address or site location Roseville Cemetery City/Village Roseville Township Roseville County Warren State Illinois The front of the Memorial faces: North X_ South East West					
Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in)  Name Village of Roseville  Dept./Div.					
Street Address 185 W. Penn Avenue City					
Roseville State L Zip Code 61473 Contact Person					
Telephone ( ) 309-426-2351  If the Memorial has been moved, please list former location(s).					

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## **Physical Details**

Material of Monument or base under a Sculpture or Cannon =Stone Concrete Metal Undetermined If known name specific material (color of granite, marble, etc.) Flecked black and green granite							
SUVCW CIVIL WAR							
Material of the Sculpture = Stone If known, name specific material (color If the Sculpture is of metal, is it solid of	of granite, marble, etc.)						
Material of Plaque or Historical Marke	er / Tablet =						
Material of Cannon =Bronze  Markings on muzzle =	ron - Consult known Ordnand	ce Listing to confirm					
Markings on muzzle =	Right Trunion						
Is inert ammunition a part of the Mem	orial? <u>№</u> If so, describe _						
Approximate Dimensions (indicate of Monument or Base: Height 10 FT Width Width Width	unit of measure) - taken from idth 4 FT Depth 3 FT or or Diamet	tallest / widest points or Diameter er					
For Memorials with multiple Sculpture for each statue and attach to this form weapons/implements involved (in cas	n. Please describe the "pose"	of each statue and any					
Markings/Inscriptions (on stone-work Maker or Fabricator mark / name? If so							
The "Dedication Text" is formed: _X	cut into material raised u	p from material face					
Record the text (indicate any separation Roseville Soldier's Monument (Includes list of all soldiers fr							
Environmental Setting (The general vicinity and immediate locale surro	unding a memorial can play a major r	role in its overall condition.)					
<ul> <li>Cemetery</li> <li>"Town Square"</li> <li>Municipal Building</li> <li>Courthouse</li> <li>Traffic Circle</li> </ul>	Park Post Office State Capitol College Campus Library	Plaza/Courtyard School Other:					

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General Vicinity  X Rural (low population, open land) Town	Suburban (resident Urban / Metropolita	
Immediate Locale (check as many as may apply)  Industrial Commercial  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	e detected by a
	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 gr Any broken or missing parts?	owth)	
(Look for elements (i.e., sword, musket, hands, arms, etc midue to vandalism, fluctuating weather conditions, etc.)	ssing	
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)		<del></del>
Droppings (bird, animal, insect remains) Other (e.g., spray paint graffiti) - Please describe		
		<del></del>
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? 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).  Granite rectangular column on a gray concrete block base. Excellent condition. Features flagpole to west side of monument. Overlooks  local GAR Plot
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 Or	n-site Survey <u>10-8-2011</u>			
Your Name	Gregory M. Carter, PCC			
Address 16	601 S. 24th Street Apt. 407		City Quincy	
State <u></u> □	Zip Code 62301	Telephone (		
What Orde	er or Organization is sub	mitter 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  $\boldsymbol{V}$ 

CIVIL WAR VETERANS OF THE National Civil War Memorials Committee