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	Х	_ Monument with Ca	annon
Monument without Sculpture		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	_

Original Dedication Date

Please consult any/all 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 Street/Road address or site location			
City/Village <u>Staunton</u> Towr		County Macoupin	
State_Illinois	·		
The front of the Memorial faces: _	NorthSouth _	East <u>×</u> West	
Government Body, Agency, or Indivi	i dual Owner (of private o	cemetery that Memorial i	s located in)
Name Village of Staunton			
Dept./Div. Public Works			
Street Address 304 W. Main Street			City
Staunton	State ∟	Zip Code 62088	Contact Person
Craig Neuhaus Tel	lephone () 618-580-475	91	
If the Memorial has been moved,	please list former loca	ation(s).	

Material of Monument or base under a Sculpture or Cannon =	_Stone X	Concrete	Metal	_ Undetermined If known,
name specific material (color of granite, marble, etc.)				

SUVCW -- CIVIL WAR

Material of the Sculpture = ____ 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 = _____

Material of Cannon =	Bronze <u>×</u>	Iron - Consult known	Ordnance Listing to co	onfirm
Markings on muzzle = $No.7$	137 P.I.C. 1862 JM	1W 817 LB	-	
Markings on Left Trunion		Right Tru	Inion	

Is inert ammunition a part of the Memorial? No If so, describe

 Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points

 Monument or Base: Height
 2 FT

 Sculpture: Height ______
 Width _______

 Depth _______
 or Diameter _______

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.

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.) **Type of Location**

- ____ Cemetery ____ "Town Square"
- × Municipal Building
- Courthouse
- Traffic Circle

Park
Post Office
State Capitol
College Campus
Library

Plaza/Courtyard
School
Other:

>This form may be photocopied.<

 ${}_{\odot}2007\text{-}2011$ Sons of Union Veterans of the Civil War, a Corporation.

General Vicinity Rural (low population, open land) Town	Suburban (residential, near city) × Urban / Metropolitan
Immediate Locale (check as many as magination in the second se	ree Covered (overhanging branches) or enclosure, indoors) ther barrier)

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 Unabl	e to tell

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? ____ Well maintained X_____ 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 mounted on concrete base. Cannon tube is in good condition but would benefit from a new coat of paint.

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 1-7-2012	
Your Name Greg Carter, PCC	
Address 1601 S. 24th Street Apt.407	City Quincy
State Zip Code 62301	Telephone (
What Order or Organization is submitter a	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

>This form may be photocopied.<