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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.

## **Type of Memorial**

## - Thank You.

Monument with Sculpture	∕ Monument with <i>Cannon</i>	
Monument without Sculpture	Historical Marker Plaque	
Affiliation           ✓ G.A.R. (Post Name & No.          W.R.C. (Corps Name & No.          SUVCW (Camp Name & No.          DUVCW (Tent Name & No.	Orior Anico Orior O (Please describe bel	er
Other:Original Dedication Date/895		_
Iocal paper's article that would have information on the first Please submit a copy of your findings with full identification Location The Memorial is <i>currently</i> located at: Street/Road address or site location <u>Grand</u> City/Village <u>STERUNG</u> Township <u>STER</u>	of the paper & date of publication. Thank you.	
City/illage CTECHUS Township STE	County alterials	_
The front of the Memorial faces: North		-
Government Body, Agency, or Individual Owner Name <u>City of Sterung</u> Street Address Rockass		)
	State /L Zip Code 61081	
Contact Person Larg schuldt	Telephone (815 ) 622-6200	

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

## **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.) <u>Labele Concrete</u> SUVCW -- CIVIL WAR MEMORIAL ASSESSMENT FORM (CWM #61)

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Material of the Sculpture =StoneConcreteMetalUndetermined 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 $\sqrt[]{Iron}$ - Consult known Ordnance Listing to confirm Markings on muzzle = $wrf$ (863 / $wrf$ (864) Markings on Left TrunionX Right Trunion <u>x</u> Is inert ammunition a part of the Memorial? <u>NO</u> If so, describe
Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points         Monument or Base:       Height       Width       Depth       or Diameter         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       Park         "Town Square"       Post Office         Municipal Building       State Capitol         Courthouse       College Campus         Traffic Circle       Library

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General \	/icinity	
<b>D</b>	/laure a surelation	15575

\_\_\_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.

	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.)	1	
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 VN

No \_\_\_\_ Unable to tell

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### Surface Coating

Does	there	appear	to	be	а	coating?		Yes	 No		Unable	to	determine
If kno	wn, ide	entify typ	e o	fcog	atin	ig.							
C	hebli	Pain	ted	1	V:	arnished	W	axed	Unal	ole to	determi	he	

Is the coating in good condition? <u>Varea</u> No <u>Unable to determine</u>

## Basic Surface Condition Assessment (check one)

In your opinion, what is the general appearance or condition of the Memorial?

\_\_\_\_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) .

TWIN 50 POR B Parrott Connew taking North From Civit MONUMENT.	War	Civi	From	North	Facing	CONNON	Parrott	B	POR	50	TWIN
					)					mT.	PTONUN

## 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 //- 6-2009	
Your Name Gree Carter	
Address 1408 26 5T.	City Dark Gan
State Zip Code	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

