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NATIONAL ORGANIZATION

SONS OF UNION VETERANS OF THE CIVIL WAR

CIVIL WAR MEMORIAL ASSESSMENT FORM

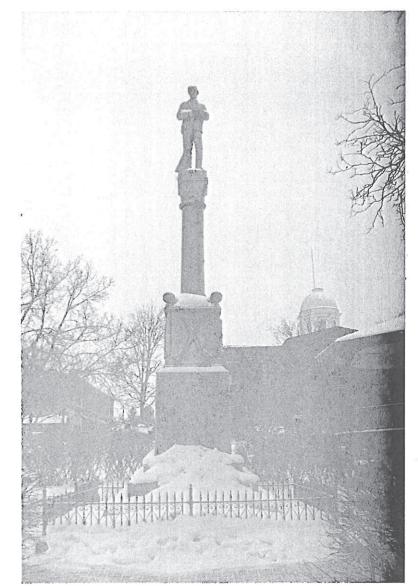
 PLEASE: Type or print, using a ball-point pen, when filling out this form. Legibility is critical. Do not guess at the information. An answer of, "Unknown," is more helpful. Include a photograph of each viewable side and label it with name & direction of view. Thank You.
Type of Memorial Monument with SculptureMonument with CannonMonument without SculpturePlaque
Affiliation G.A.R. (Post Name & No
Location The Memorial is currently located at: Street/Road address or site location Old Conthuse Square City/Village (Localistode Township abadstock County Metheury)
The front of the Memorial faces: North South East West
Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in) Name Cdy of Conditions Street Address 820 Lds Auc City Contact Person David Zinner Telephone (8157) 338-4363
If the Memorial has been moved, please list former location(s)
Physical Details Material of Monument or base under a Sculpture or Cannon =Stone _i/ Concrete Metal Undetermined If known, name specific material (color of granite, marble, etc.) Carreta

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 Cove Protected from the elements (canopy or enclosur Protected from the public (fence or other barr Any other significant environmental factor	re, indoors) ier)	
Condition Information		
Structural Condition (check as many as may as	ond Monuments without Sculpture =	
The following section applies to Monuments with Sculpture,	is the coulture and its base can be de	tected
including the base for Monuments with <i>Cannon</i> . Instability by a number of factors. Indicators may be obvious or s base.	ubtle. Visually examine the sculpture a	and its
	Sculpture E	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 green.)	owth)	
Any broken or missing parts? (look for elements (i.e., sword, musket, hands, arms, etc midue to vandalism, fluctuating weather conditions, etc.)	The state of the s	
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 B	lase
Black crusting		
White crusting Etched, pitted, or otherwise corroded (on metal)		10
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	-	
	4	
Does water collect in recessed areas of the Memorial?Yes No Unable to tell		

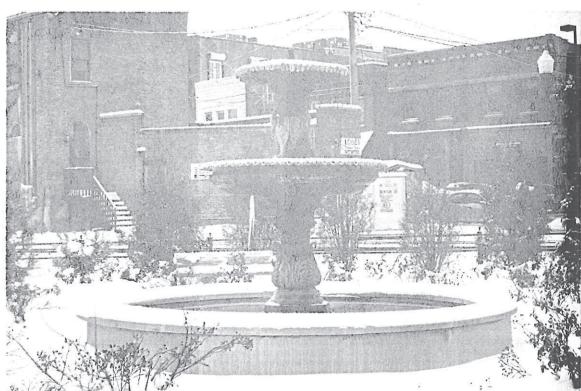
Surface Coating Does there appear to be a coating? Yes No Unable to determine If known, identify type of coating. Gilded Painted Varnished Waxed Unable to determine Is the coating in good condition? Yes No Unable to determine
Basic Surface Condition Assessment (check one)
In your opinion, what is the general appearance or condition of the Memorial? Well maintainedWould benefit from treatmentIn urgent need of treatmentUnable to determine Overall Description Briefly describe the Memorial (affiliation / overall condition & any concern not already touched on). What y colder at attention in Frank count on a Concrete Base with Cannon Benefit Co-ved Into The sides. Each face Reatures The insigning of a Branch of Seven Infantry, Canalry, Artilley, Navy.
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 /-/0-2010
Address 1400 262 ST. City Rockford
Your Name Greg Caster Address 1408 26 5 City Rockford State Zip Code 6/108 Telephone
Please send this completed form to:
Please sella tilis 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



Civil War Monums Woodstock, 12



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