

NATIONAL ORGANIZATION SONS OF UNION VETERANS OF THE CIVIL WAR CIVIL WAR MEMORIAL ASSESSMENT FORM

Type of Memorial (check all applicable)

☒ Monument ☒ with Sculpture ☐ without Sculpture ☐ with Cannon ☐ standalone Cannon
☐ Historical Marker ☐ Plaque ☐ Other (flag pole, G.A.R. buildings, stained glass windows, etc.)

Affiliation

☐ GAR ☐ MOLLUS ☐ SUVCW ☒ WRC ☐ ASUVCW
☐ LGAR ☐ DUVCW ☐ Other

If known, record name and number of post, camp, corps, auxiliary, tent, circle or appropriate information of other groups:

Original Dedication Date 1903 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 *currently* located at:

Street/Road address or site location Oakridge Cemetery
take Calhoun St. S. of town GPS Coordinates 41.562216 -91.264766
 City/Village &/or Township West Liberty
 County Muscatone State Iowa Zip Code 52766

The front of the Memorial faces: ☐ North ☐ South ☒ East ☐ West

Government Body, Agency, or Individual Owner

Name Crty of West Liberty
 Dept./Div. Parks and Recreation
 Street Address 409 N. Calhoun St.
 City West Liberty State Iowa Zip Code 52776
 Contact Person _____ Telephone (319) 627-2418 ext _____

Is Memorial on the National Register of Historic Places ☐ Yes ☒ No ID # if known _____

For Monuments with/without sculpture:**Physical Details**

Material of Monument or base under a Sculpture or Cannon = ☒ Stone ☐ Concrete ☐ Metal ☐ Other

If known, name specific material (color of granite, marble, etc.) granite

Material of the Sculpture ☐ Stone ☐ Concrete ☐ Metal ☐ Other Is it hollow or solid? _____

If known, name specific material (color of granite, marble, etc.) _____

For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet =

For Cannons with/without monument:

Material of Cannon = _____ Bronze _____ Iron Type of Cannon (if known)_____

Rifled	YES	NO
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Markings: Muzzle	Base Ring/Breech	
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Left Trunion	Right Trunion

Is inert ammunition a part of the Memorial?	Yes	No

[For camp/department monuments officer's use: Cannon on list of known ordnance] _____ Yes _____ No

For Other Memorials: (flag pole, G.A.R. buildings, stained glass windows, etc.)

What best describes the memorial

Materials of the Memorial

Complete for All Memorials

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

15' Height 7' Width 7" Depth or base Diameter
3' 3' where inscriptions

34

3

where inscription is

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue (service, pose, etc) 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

Please attach legible photographs of all text &/or Record the text in the space below. Please use the addendum – narrative sheet if necessary.

see attached - inscriptions only on front of monument

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 ☐ Plaza/Courtyard ☐ "Town Square" ☐ Post Office
☐ School ☐ Municipal Building ☐ State Capitol ☐ Courthouse ☐ College Campus
☐ Traffic Circle ☐ Library Other: _____

General Vicinity

☐ Rural (low population, open land) ☐ Suburban (residential, near city) ☒ Town ☐ 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 nic location in cemetery with trees surrounding monument

[To detail the condition of a monument used the addendum form for *Monument's Condition*]

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.

Addendums attached to this electronic file are the *Monument's Condition* and the *Narrative* forms. Only the *Monument's Condition* form is required if you are requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

Thank you.

Monument could use a cleaning

Inspector Identification

Date of On-site Survey 8-3-20

Your Name Tom Gaard

Address 16541 Valleyview Lane

City Clive

State Iowa Zip Code 50325

Are you a member of the Allied Orders of the G.A.R.? If so, which one?

SUVCW Grenville Dodge Camp #75

Please send this completed form to:

Walt Busch, PDC, Chair
1240 Konert Valley Dr.
Fenton, MO 63026

Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR - CIVIL WAR MEMORIALS COMMITTEE.

