

POPE CO. CIVIL WAR
200. COMMENCEMENT ST. RUSSELLVILLE

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.)

Note: try to record items separately. Cannons near monuments should be recorded & photographed separately, etc. Thank you.

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 2015 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 399 N LAKE FRONT DRIVE
 GPS Coordinates 35 18.332 N 93 8.699 W
 City/Village &/or Township RUSSELLVILLE
 County POPE State AR. Zip Code 72756

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

Government Body, Agency, or Individual Owner

Name _____
 Dept./Div. _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Contact Person _____ Telephone () _____ 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.) _____

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 = METAL**For Cannons with/without monument:**Material of Cannon = Bronze Iron Type of Cannon (if known) Rifled Yes NoMarkings: Muzzle Base Ring/Breech 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 METAL MARKERMaterials of the Memorial **Complete for All Memorials****Approximate Dimensions** (indicate unit of measure) - taken from tallest / widest points6' Height 4' Width 1" Depth or Diameter

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.

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 _____

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

Submission of this form requires at least one type of identification so that you may be contacted regarding the information on this form. This information will most likely be in the public domain. Your name is required; please include one (or more) pieces of contact information.

1. If a member of an Allied Order, the name of your camp, auxiliary, tent, circle or corps; along with your department;
2. Physical Address;
3. Phone Number
4. E-Mail address.

By submitting this, you are allowing the posting of this information on the internet.

Inspector Identification _____ Date of On-site Survey _____
 Your Name JOE RAILLEY
 Address 405 N. 38TH PL
 City ROCKS State AR Zip Code 72756
 Telephone (479) 381-6883 E-Mail joerailley1942@gmail.com

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

SUVCW

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. Photographs & GPS Co-ordinates are very much desired.

Pages 4 & 5 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*.

Please mail (or e-mail pdf, and picture files) to:

Walt Busch, PDC, Chair, 1240 Konert Valley Dr., Fenton, MO 63026, cwmemorials@suvchw.org (314) 630-8407

Thank you for your help, and attention to detail.

Sons of Union Veterans of the Civil War - Civil War Memorials Committee.

>This form may be photocopied.<

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**SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM
ADDENDUM – MONUMENT'S CONDITION**

Completion of this form is required when requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions.*

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)	_____	11/6
Any evidence of structural instability? (Look for cracked joints, missing mortar or caulking or plant growth)	_____	N/C
Any broken or missing parts? (Look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)	_____	N/C
Any cracks, splits, breaks or holes? (Also look for signs of uneven stress & weakness in the material)	_____	N/C

Surface Appearance (check as many as may apply)

	Sculpture	Base
Black crusting	_____	N/C
White crusting	_____	N/C
Etched, pitted, or otherwise corroded (on metal)	_____	N/C
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 ____ 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 maintained ____ Would benefit from treatment ____ In urgent need of treatment ____ Unable to determine

Briefly describe the Memorial (affiliation / overall condition & any concern not already touched on) .

Inspector's Name JOE RAINEY Date 9/27/24



Lower Photo
Photographed
by Mark
Hilton,
July 9, 2018

