

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 9 March 1909 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 Big Horn County Library, 430 West C Street

C St at 6th St GPS Coordinates _____

City/Village &/or Township Basin

County Big Horn State Wyoming Zip Code 82410

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

Government Body, Agency, or Individual Owner

Name Big Horn County Library

Dept./Div. County Commissioners

Street Address 430 C St

City Basin State WY 82410 Zip Code 82410

Contact Person Tina Ely Telephone (307) 568-2388 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.) steel, and wood

Material of the Sculpture ___ Stone ___ Concrete ___ Metal ☒ Other Is it hollow or solid? steel and wood

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

For Historic Marker or Plaque:

Concrete base with bronze marker

Material of Plaque or Historical Marker / Tablet = **Marker Approximately 18 in by 10 in****For Cannons with/without monument:**

3 inch Ordnance Rifle

Material of Cannon = _____ Bronze ☒ Iron _____ Type of Cannon (if known) _____ Rifled ☒ Yes _____ No

Markings: 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

Listing of the Ordnance Rifles in the National Cannon Database

WY Basin West One	3" Ordnance Rifle, M1861	Phoenix	427	JMW *461 62	816	7RH library
Basin East One	3" Ordnance Rifle, M1861	Phoenix	619	TTSL *668 63	816	7RH library

Materials of the Memorial**Complete for All Memorials****Approximate Dimensions** (indicate unit of measure) - taken from tallest / widest points

_____ Height _____ Width _____ 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 3/19/2026
 Your Name William D Neu Jr
 Address 3665 Campbell Dr
 City Torrington State WY Zip Code 82240
 Telephone (307) 575-7572 E-Mail wmneujr@gmail.com

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

Department Commander for Department of Colorado-Wyoming

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)	_____	_____
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...	_____	_____
<u>Cannons and limbers are in good order</u>		

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) .

Condition of Memorial is in remarkable condition. The county takes care of maintenance on these pieces

Inspector's Name William Neu

Date 3/19/2026



West Cannon

GAR Plaque

East Cannon

East Cannon





West Cannon

West Cannon





West Cannon



West Cannon



West Cannon

