

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.) _____

SUVCW -- CIVIL WAR

Material of the Sculpture = ___ Stone ___ Concrete ___ Metal ___ Undetermined
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 ___ Iron - Consult known Ordnance Listing to confirm
Markings on muzzle = _____

Markings on Left Trunion _____ Right Trunion _____
Is inert ammunition a part of the Memorial? ___ 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 | ___ Plaza/Courtyard |
| ___ "Town Square" | ___ Post Office | ___ School |
| ___ Municipal Building | ___ State Capitol | Other: _____ |
| ___ Courthouse | ___ College Campus | _____ |
| ___ Traffic Circle | ___ Library | _____ |

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

Overall Description

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

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 _____

Your Name _____

Address _____ City _____

State _____ Zip Code _____ Telephone () _____

What Order or Organization is submitter a member of? _____

Please send this completed form to

Walt Busch, PDC, Chair

P.O. Box 509

Pilot Knob, MO 63663

(314) 630-8407

webusch@hotmail.com

Thank you for your help, and attention to detail. SONS OF UNION V

CIVIL WAR VETERANS OF THE National Civil War Memorials Committee