

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>		Site #: <u>2000</u>		Town: <u>Oakwood Hills</u>	
W: <u>NE</u>		Sec: <u>35</u>		TWP: <u>44N</u> Range: <u>8E</u>	
Street: <u>Valley View Rd.</u>				Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>					
FARMSTEAD <input checked="" type="checkbox"/>					
Houses: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: <input checked="" type="checkbox"/> 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>					
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Sto: <input type="checkbox"/> Windmill: <input type="checkbox"/>					
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>					
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____					
FRAME# <u>34</u>	Pres. Funct.: <u>Residence</u>			Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>			Condition/size		
<u>1041</u> or _____			Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			Building TYPE		
Cipbt: <input type="checkbox"/> Weathrb: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input checked="" type="checkbox"/> Brick: <input type="checkbox"/> <u>Imitation Brick</u>			Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/> <u>Covering</u>			Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>			Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____			Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: _____			Period		
Bibliography and further notes on Reverse			BUILDING 3		
			BUILDING 4		
Surveyed by: _____ Date: _____					



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L 422-4485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>		Site #: <u>2001</u>		Town: <u>Elkton</u>	
W: <u>SW</u>		Sec: <u>25</u>		TWP: <u>46N</u> Range: <u>7E</u>	
Street: <u>Trayn Drive Rd.</u>				Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>					
FARMSTEAD <input checked="" type="checkbox"/>					
Houses: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: <input type="checkbox"/> 1: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/>					
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Sto: <input checked="" type="checkbox"/> Windmill: <input checked="" type="checkbox"/>					
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>					
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____					
FRAME# <u>35</u>	Pres. Funct.: <u>Residence</u>			Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>			Condition/size		
<u>1115</u> or _____			Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weathrb: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____			Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>			Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: _____			Period		
Bibliography and further notes on Reverse			BUILDING 3		
			BUILDING 4		
Surveyed by: _____ Date: _____					

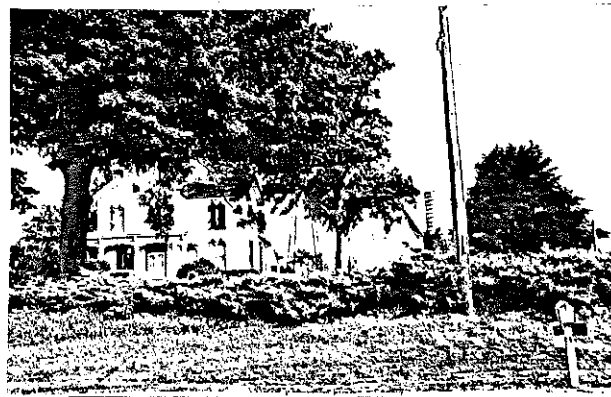


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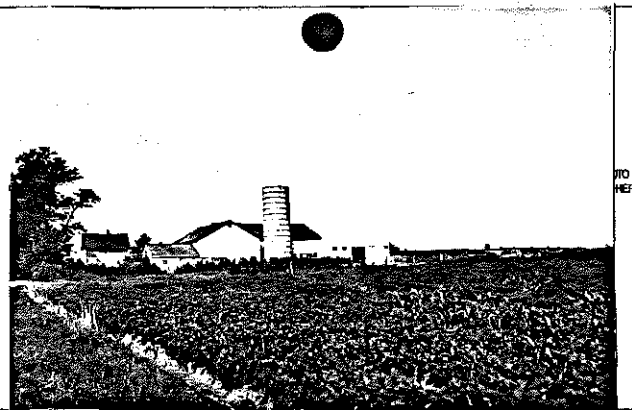
ILLINOIS RURAL SURVEY			
County: <u>Mch</u>	Site #: <u>2002</u>	Town: <u>Hedron</u>	
W: <u>SW</u>	Sec: <u>25</u>	TWP: <u>46N</u>	Range: <u>7E</u>
Street: <u>Taylor Driv Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input checked="" type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>36</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>10/02</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weather: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Unknown</u>	Foundation		
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vj Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



TO  
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IL 422-0455

ILLINOIS RURAL SURVEY			
County: <u>Mch</u>	Site #: <u>2003</u>	Town: <u>Hedron</u>	
W: <u>SE</u>	Sec: <u>25</u>	TWP: <u>46N</u>	Range: <u>7E</u>
Street: <u>Taylor Drive Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>1</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>10/11</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weather: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vj Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



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IL 422-0455

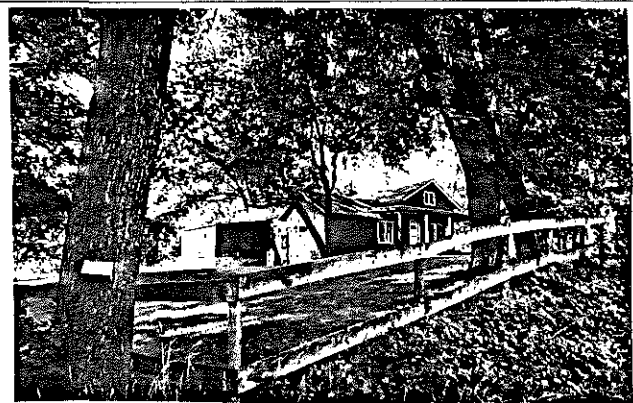
ILLINOIS RURAL SURVEY			
County: <u>MtH</u>	Site #: <u>2004</u>	Town: <u>Richmond</u>	
W: <u>SW</u>	Sec: <u>30</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Taylor Grove Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>2</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size		
<u>1021</u> or: _____	Building TYPE		
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alb: <input type="checkbox"/> Vy Alb: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____			



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IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>MtH</u>	Site #: <u>2005</u>	Town: <u>Richmond</u>	
W: <u>NW</u>	Sec: <u>30</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Taylor Grove Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>3</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size		
<u>11015</u> or: _____	Building TYPE		
Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alb: <input type="checkbox"/> Vy Alb: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____			



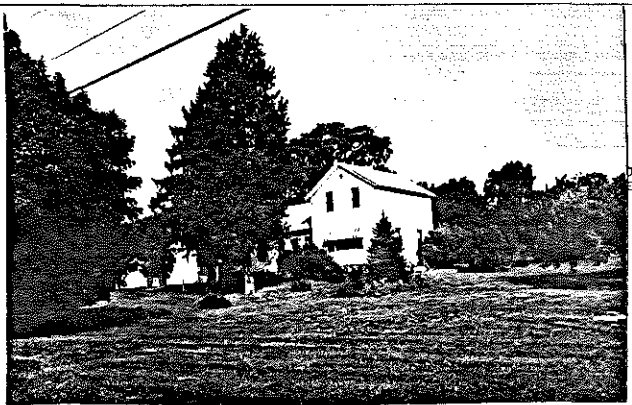
IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2006</u>	Town: <u>Richmond</u>	
N: <u>NW</u>	Sec: <u>30</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Trigon Drive Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>4</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	as 1 BUILDING 2=
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<u>1102</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weather: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input checked="" type="checkbox"/> <u>Unknown</u>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BULNDNG 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



L 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2007</u>	Town: <u>Richmond</u>	
N: <u>SE</u>	Sec: <u>19</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Trigon Drive Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>5</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	as 1 BUILDING 2=
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<u>1102</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weather: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BULNDNG 3		
Bibliography and further notes on Reverse			
Surveyed by: <u>MHS</u> Date: <u>9/1</u>			



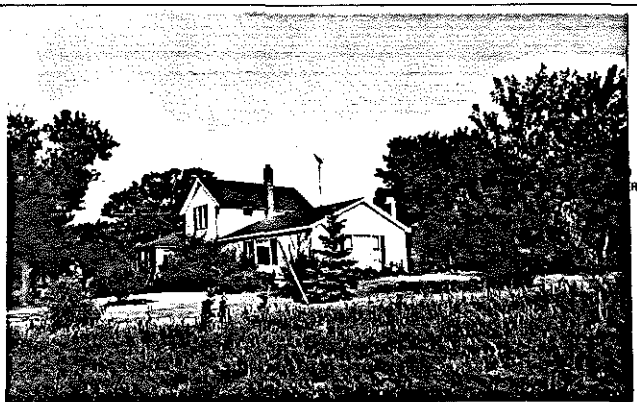
L 422-0465



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2008</u>	Town: <u>Richmond</u>	
N: <u>SE</u>	Sec: <u>19</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Trayon Grove Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>6</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2# _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function _____		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size _____		
<u>11091</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE _____ or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure _____		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>		
Gable: <input type="checkbox"/> Hipged: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy. Aht: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Roof _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Roof Material _____		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2004</u>	Town: <u>Richmond</u>	
N: <u>SW</u>	Sec: <u>20</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Trayon Grove Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function _____		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size _____		
<u>110</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE _____ or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure _____		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>unknown</u>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipged: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy. Aht: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Roof _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Roof Material _____		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <i>MtH</i>	Site #: <i>2010</i>	Town: <i>Richmond</i>	
N: <i>SE</i>	Sec: <i>20</i>	TWP: <i>46N</i>	Range: <i>8E</i>
Street: <i>Taylor Grove Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>4</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size		
<i>102</i> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <i>2011</i> or _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

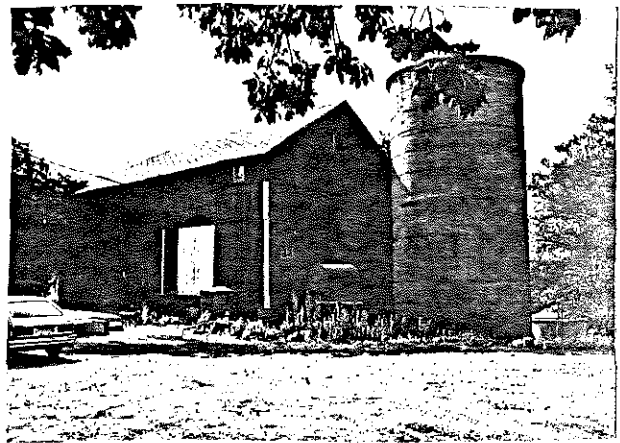


IL 422-0465

ILLINOIS RURAL SURVEY			
County: <i>MtH</i>	Site #: <i>2011</i>	Town: <i>Richmond</i>	
N: <i>SW</i>	Sec: <i>81</i>	TWP: <i>46N</i>	Range: <i>8E</i>
Street: <i>Taylor Grove Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input checked="" type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>9</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size		
<i>1104</i> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <i>2011</i> or _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

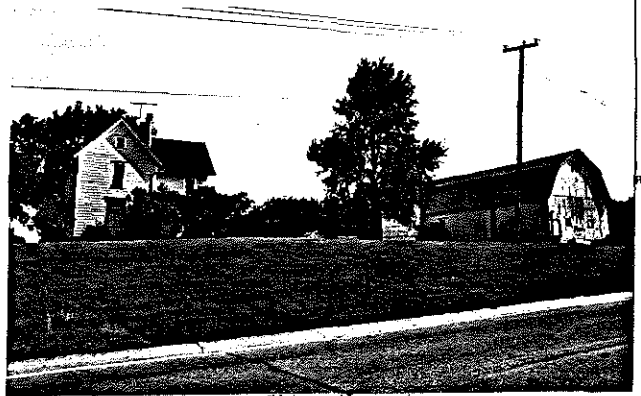


IL 422-0465



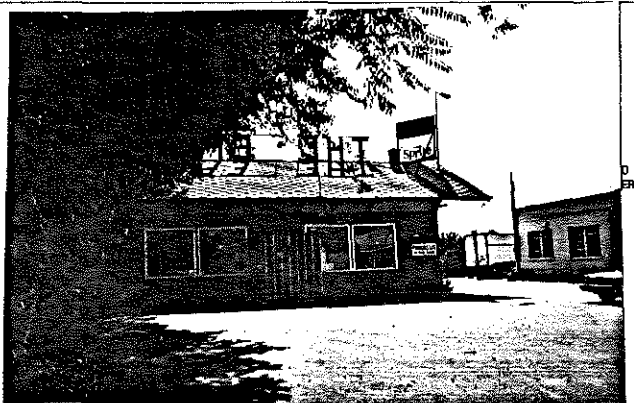
Two dates inscribed in sidewalk 1919 and 1926 for the house  
Barn: 1919

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2012</u>	Town: <u>Richmond</u>	
W: <u>NW</u>	Sec: <u>21</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Trayon Grove Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>11</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>			
<u>1012</u> or Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>			
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



B 422-0485

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2013</u>	Town: <u>Richmond</u>	
W: <u>SE</u>	Sec: <u>21</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 31/U.S. Rt. 12</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>12</u>	Pres. Funct.: <u>Restaurant</u>	Same? <input type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input checked="" type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>			
<u>7014</u> or Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>			
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cipbt: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input checked="" type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>			
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



B 422-0485

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2014</i>	Town: <i>Richmond</i>
N: <i>NW</i>	Sec: <i>21</i>	TWP: <i>46N</i> Range: <i>8E</i>
Street: <i>Rt. 31/US. Rt. 12</i>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Com Crbs, 1:  2:  3+:

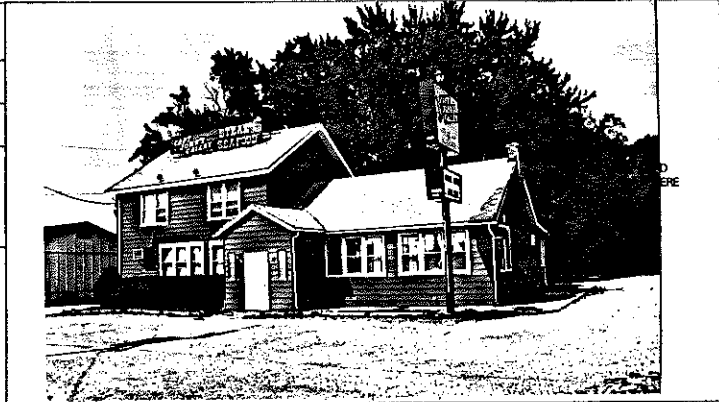
Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-2:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_

---

FRAME# <i>13</i>	Pres. Funct.: <i>Residence Restaurant</i>	Same ? <input checked="" type="checkbox"/>	NO #1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Health	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
<i>11071</i> or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hippead: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hippead: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input checked="" type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Note: _____
Bibliography and further notes on Reverse	BUILDING 4		Note: _____
Surveyed by: _____ Date: _____			



IL 422-0445

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2015</i>	Town: <i>Richmond</i>
N: <i>NE</i>	Sec: <i>21</i>	TWP: <i>46N</i> Range: <i>8E</i>
Street: <i>Rt. 31/US. Rt. 12</i>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Com Crbs, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-2:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_

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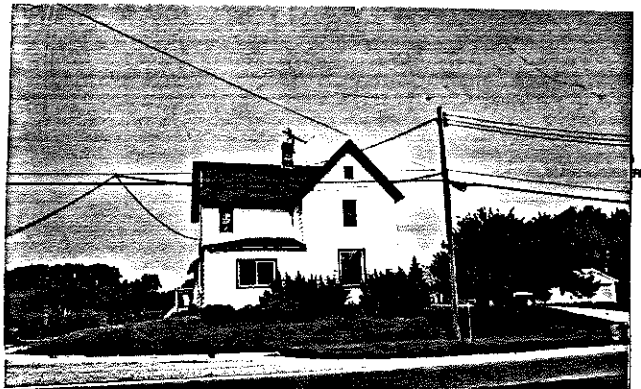
FRAME# <i>14</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Health	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
<i>1110</i> or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hippead: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hippead: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Note: _____
Bibliography and further notes on Reverse	BUILDING 4		Note: _____
Surveyed by: _____ Date: _____			



IL 422-0445

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2016</u>	Town: <u>Richmond</u>
W: <u>SW</u>	Sec: <u>16</u>	TWP: <u>46N</u> Range: <u>8E</u>
Street: <u>Rt. 31/US. Rt. 12</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



FRAME# <u>15</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>1102</u> or: _____	Building TYPE	
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material	
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vj Aht: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Bibliography and further notes on Reverse	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Surveyed by: _____ Date: _____	

FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
Building TYPE	<u>2105</u> or: _____	
Structure	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Siding material	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Foundation	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Roof	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Roof Material	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Integrity	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Period	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
BUILDING 3	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vj Aht: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
BUILDING 4	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	

B. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2017</u>	Town: <u>Richmond</u>
W: <u>SW</u>	Sec: <u>16</u>	TWP: <u>46N</u> Range: <u>8E</u>
Street: <u>Rt. 31/US. Rt. 12</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



FRAME# <u>16</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>1102</u> or: _____	Building TYPE	
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material	
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vj Aht: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Surveyed by: _____ Date: _____	

FRAME# <u>16</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>2105</u> or: _____	Building TYPE	
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material	
Cipbt: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period	
Good: <input checked="" type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vj Aht: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Bibliography and further notes on Reverse	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Surveyed by: _____ Date: _____	

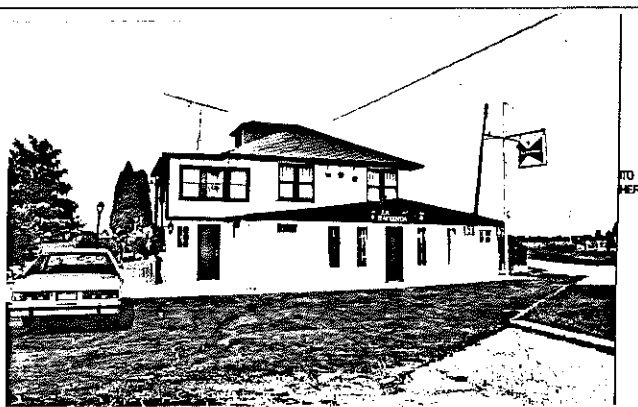
B. 422-0465

ILLINOIS RURAL SURVEY			
County: <b>McH</b>	Site #: <b>2018</b>	Town: <b>Richmond</b>	
W: <b>SW</b>	Sec: <b>16</b>	TWP: <b>46N</b>	Range: <b>8E</b>
Street: <b>Rt. 31/US. Rt. 12</b>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Binc: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <b>17</b>	Pres. Funct.: <b>Residence</b>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Size		
<b>103</b> or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Clpct: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbesto: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Clpct: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



B. 422-0465

ILLINOIS RURAL SURVEY			
County: <b>McH</b>	Site #: <b>2019</b>	Town: <b>Richmond</b>	
W: <b>SW</b>	Sec: <b>4</b>	TWP: <b>46N</b>	Range: <b>8E</b>
Street: <b>Rt. 31/US. Rt. 12</b>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Binc: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: <b>Tavern</b>			
FRAME# <b>18</b>	Pres. Funct.: <b>Tavern</b>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Size		
<b>1104</b> or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Clpct: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbesto: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Clpct: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input checked="" type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



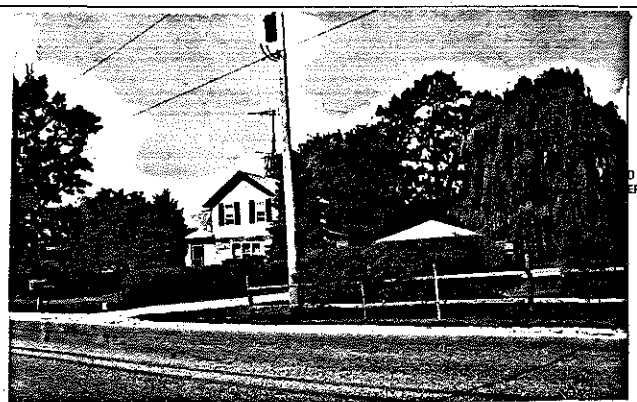
B. 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2020 Town: Richmond  
 W: SE Sec: 4 TWP: 46N Range: 8E  
 Street: Burlington Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# 19 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lg  Md  Sm   
 1 | 0 | 1 | or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbt:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alt:  Add, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 20 Pres. Funct.: Barn Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/use/size: Deteriorated:  Abandoned:  Lg  Md  Sm   
 Building TYPE: 2011 or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbt:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alt:  Add, Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

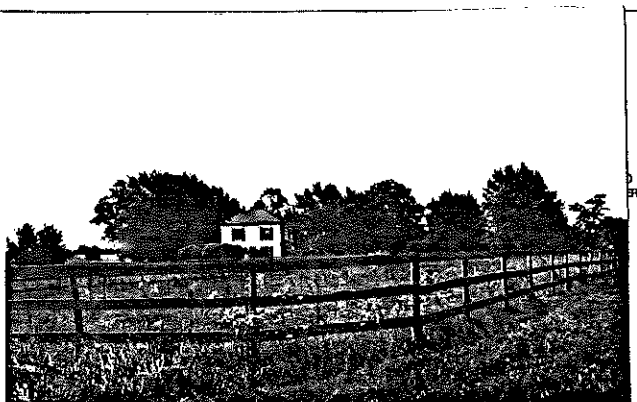
IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2021 Town: Richmond  
 W: SE Sec: 4 TWP: 46N Range: 8E  
 Street: Burlington Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# 21 Pres. Funct.: Residence Same?

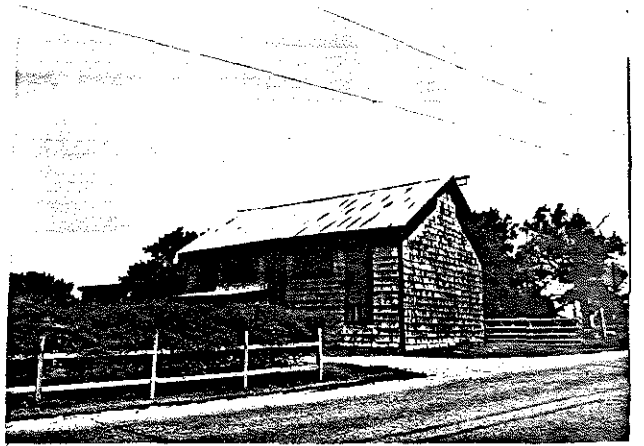
Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lg  Md  Sm   
 1 | 0 | 1 | 4 | or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbt:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alt:  Add, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/use/size: Deteriorated:  Abandoned:  Lg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbt:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alt:  Add, Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465





ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2022</u>	Town: <u>Richmond</u>	
W: <u>SE</u>	Sec: <u>4</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Burlington Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>22</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1111</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipol: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <u>Unknown</u>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

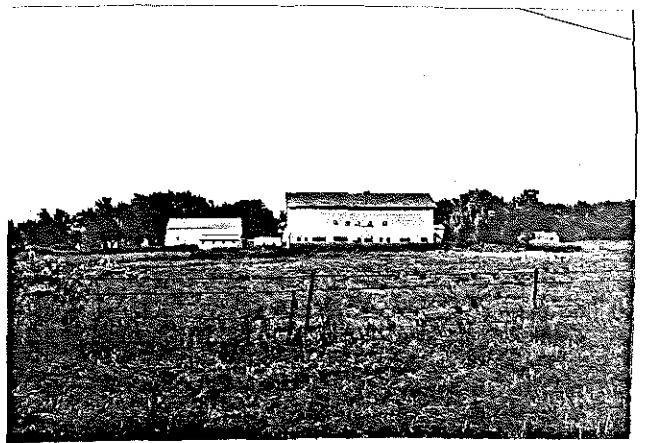


IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2023</u>	Town: <u>Richmond</u>	
W: <u>SW</u>	Sec: <u>9</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Broadway St.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>23</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>2111</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

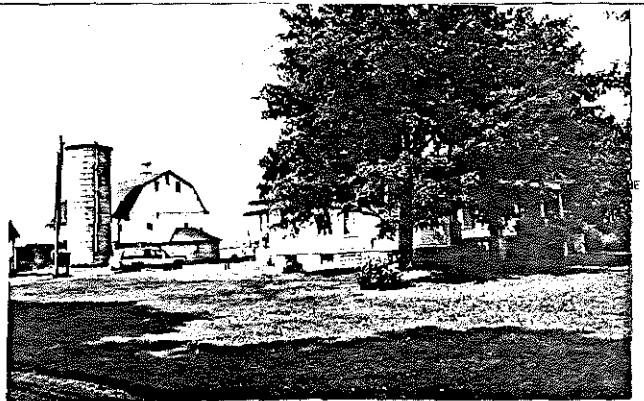


ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2024</u>	Town: <u>Richmond</u>	
V: <u>SE</u>	Sec: <u>8</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Bradway St.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Home: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>25</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	=1 BUILDING 2=
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lig <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<u>103</u> or <u>110</u>	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <u>201</u> or _____		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Akr: <input type="checkbox"/> Vy Akr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2025</u>	Town: <u>Richmond</u>	
V: <u>SE</u>	Sec: <u>8</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Bradway St.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Home: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>20</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	=1 BUILDING 2=
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lig <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<u>11081</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <u>2015</u> or _____		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Akr: <input type="checkbox"/> Vy Akr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2026</u>	Town: <u>Richmond</u>	
W: <u>NW</u>	Sec: <u>8</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Broadway St.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex (C) or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input checked="" type="checkbox"/> 2 My Barns <input type="checkbox"/> 3 My Barns <input type="checkbox"/> Corn Crib, 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> Garage <input type="checkbox"/> Stack Shed <input type="checkbox"/> Greenery <input type="checkbox"/> Smokehouse <input type="checkbox"/> Summer Kitchen <input type="checkbox"/> Silo <input type="checkbox"/> Windmill <input type="checkbox"/> Cows Barn <input type="checkbox"/> Pump House <input type="checkbox"/> Hog House <input type="checkbox"/> Chicken Coop <input type="checkbox"/> Outhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/> Sheds, 1-2 <input type="checkbox"/> 3- <input type="checkbox"/> Metal Bldgs <input type="checkbox"/> Comments:			

House # <u>27</u>	Pres. Fund. <u>Don</u>	Same ? <input checked="" type="checkbox"/>	as 1 BUILDING 2#	FRAME#	Pres. Fund. _____	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>				
Condition/Use/Size: <input type="checkbox"/> Deteriorated <input type="checkbox"/> Abandoned <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>				
Stories: 1 <input type="checkbox"/> 1-1/2 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/>	Building TYPE	Stories: 1 <input type="checkbox"/> 1-1/2 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/>				
Structure: Frame <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Structure	Frame: <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____				
Siding material: Cedar <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input checked="" type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Siding material	Cedar <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>				
Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Foundation	Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>				
Foundation: Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input checked="" type="checkbox"/> Tile <input type="checkbox"/>	Foundation	Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>				
Roof: Gable <input checked="" type="checkbox"/> Hipped <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof	Gable <input type="checkbox"/> Hipped <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____				
Roof Material: Asphalt Shngl <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Roof Material	Asphalt Shngl <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____				
Integrity: Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Akr <input type="checkbox"/> Vy Akr <input type="checkbox"/> Add, Major <input type="checkbox"/> Minor <input type="checkbox"/>	Integrity	Good <input type="checkbox"/> Fair <input type="checkbox"/> Akr <input type="checkbox"/> Vy Akr <input type="checkbox"/> Add, Major <input type="checkbox"/> Minor <input type="checkbox"/>				
Period: 1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input type="checkbox"/> 1910-1945 <input checked="" type="checkbox"/>	Period	1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input type="checkbox"/> 1910-1945 <input type="checkbox"/>				
BUILDING 3		or	Note:			
BUILDING 4		or	Note:			

Bibliography and further notes on Reverse

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2027</u>	Town: <u>Richmond</u>	
W: <u>NW</u>	Sec: <u>8</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Keystone Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex (C) or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input checked="" type="checkbox"/> 2 My Barns <input type="checkbox"/> 3 My Barns <input type="checkbox"/> Corn Crib, 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> Garage <input type="checkbox"/> Stack Shed <input type="checkbox"/> Greenery <input type="checkbox"/> Smokehouse <input type="checkbox"/> Summer Kitchen <input type="checkbox"/> Silo <input type="checkbox"/> Windmill <input type="checkbox"/> Cows Barn <input type="checkbox"/> Pump House <input type="checkbox"/> Hog House <input type="checkbox"/> Chicken Coop <input type="checkbox"/> Outhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/> Sheds, 1-2 <input checked="" type="checkbox"/> 3- <input type="checkbox"/> Metal Bldgs <input type="checkbox"/> Comments:			

House # <u>28</u>	Pres. Fund. <u>Edw</u>	Same ? <input type="checkbox"/>	as 1 BUILDING 2#	FRAME#	Pres. Fund. _____	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>				
Condition/Use/Size: <input type="checkbox"/> Deteriorated <input type="checkbox"/> Abandoned <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>				
Stories: 1 <input type="checkbox"/> 1-1/2 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/>	Building TYPE	Stories: 1 <input type="checkbox"/> 1-1/2 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/>				
Structure: Frame <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Structure	Frame: <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____				
Siding material: Cedar <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input checked="" type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Siding material	Cedar <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>				
Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Foundation	Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>				
Foundation: Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>	Foundation	Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>				
Roof: Gable <input type="checkbox"/> Hipped <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof	Gable <input type="checkbox"/> Hipped <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____				
Roof Material: Asphalt Shngl <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Roof Material	Asphalt Shngl <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____				
Integrity: Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Akr <input type="checkbox"/> Vy Akr <input type="checkbox"/> Add, Major <input type="checkbox"/> Minor <input type="checkbox"/>	Integrity	Good <input type="checkbox"/> Fair <input type="checkbox"/> Akr <input type="checkbox"/> Vy Akr <input type="checkbox"/> Add, Major <input type="checkbox"/> Minor <input type="checkbox"/>				
Period: 1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input checked="" type="checkbox"/> 1910-1945 <input type="checkbox"/>	Period	1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input type="checkbox"/> 1910-1945 <input type="checkbox"/>				
BUILDING 3		or	Note:			
BUILDING 4		or	Note:			

Bibliography and further notes on Reverse

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_



Barn: 1920

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2024</u>	Town: <u>Richmond</u>	
R: <u>SE</u>	Sec: <u>6</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Leystone Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Great Bldg: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Shed, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>29</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Dormitory: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>104</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Open: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Unknown</u>	Foundation		
Cells: <input type="checkbox"/> Hipcd: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

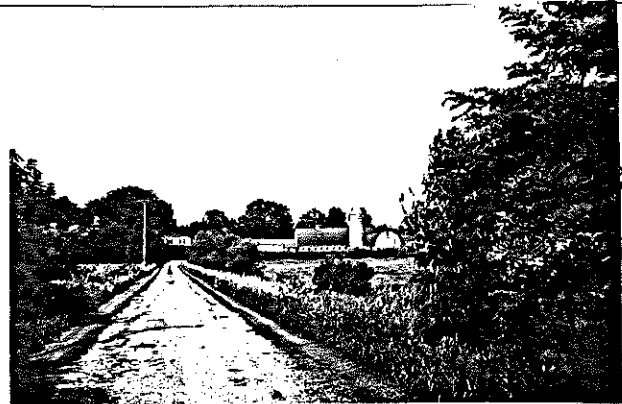


PHOTO HERE

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2629</u>	Town: <u>Richmond</u>	
R: <u>SW</u>	Sec: <u>8</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Leystone Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Great Bldg: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Shed, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>30</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Dormitory: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>104</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Open: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Cells: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

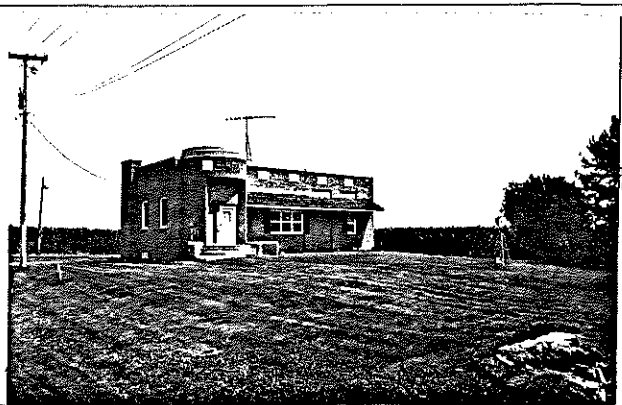


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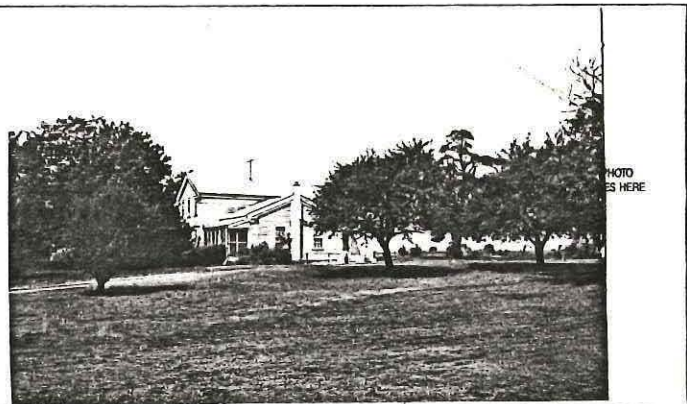


**ILLINOIS RURAL SURVEY**

County: McH Site #: 2030 Town: Ridgmont  
 W: SE Sec: 7 TWP: 46N Range: 8E  
 Street: Keystone #173 Street View   
 Industrial/Commercial Complex w/3 or more Bays:

**FARMSTEAD**

House  2 Houses  1 Major Barn  2 Hog Barns  1 Hog Barn  Cows Other:       
 Garage  Black Shed  Barnyard  Smokehouse  Summer Kitchen  Silo  Windmill   
 Green Shed  Pump House  Hay Rack  Chicken Coop  Outhouse  Mobile Homes   
 Sheds:     Other Bays  Comments:



Priority: 52 Pres. Funct: Residence Same?

Residence  Outbuilding  Public  Commercial  Barn  Industrial  Structural  Religious   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE:    or:    Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame  Masonry  Pole  Log  Other: \_\_\_\_\_  
 Siding material: Cpbdt  Weatherbd  Vert  Wd Shngl  Brick   
 Stone  Block  Metal  Asbestos  Vinyl  Tar Ppr   
 Foundation: Brick  Stone  Block  Poured or Stucco  Tile   
 Roof: Gable  Hipptd  Flat  Mansard  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl  Metal  Wood Shngl  Other: \_\_\_\_\_  
 Integrity: Good  Fair  Altr  Vt Altd  Add, Major  Minor   
 Period: 1700-1799  1800-1859  1860-1910  1910-1945   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

Bibliography and further notes on Reverse

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2031 Town: Richmond  
 W: SE Sec: 718 TWP: 46N Range: 8E  
 Street: Keystone Rd Street View   
 Industrial/Commercial Complex w/3 or more Bays:

**FARMSTEAD**

House  2 Houses  1 Major Barn  2 Hog Barns  1 Hog Barn  Cows Other:       
 Garage  Black Shed  Barnyard  Smokehouse  Summer Kitchen  Silo  Windmill   
 Green Shed  Pump House  Hay Rack  Chicken Coop  Outhouse  Mobile Homes   
 Sheds:     Other Bays  Comments:



Priority: 52 Pres. Funct: Residence Same?

Residence  Outbuilding  Public  Commercial  Barn  Industrial  Structural  Religious   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE:    or:    Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame  Masonry  Pole  Log  Other: \_\_\_\_\_  
 Siding material: Cpbdt  Weatherbd  Vert  Wd Shngl  Brick   
 Stone  Block  Metal  Asbestos  Vinyl  Tar Ppr   
 Foundation: Brick  Stone  Block  Poured or Stucco  Tile   
 Roof: Gable  Hipptd  Flat  Mansard  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl  Metal  Wood Shngl  Other: \_\_\_\_\_  
 Integrity: Good  Fair  Altr  Vt Altd  Add, Major  Minor   
 Period: 1700-1799  1800-1859  1860-1910  1910-1945   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

Bibliography and further notes on Reverse

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

IL 422-0485



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2032</u>	Town: <u>Richmond</u>	
W: <u>SW</u>	Sec: <u>8</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 173</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> , 2: <input type="checkbox"/> , 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>33</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1104</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <u>205</u> or _____		
Cipol: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input checked="" type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	



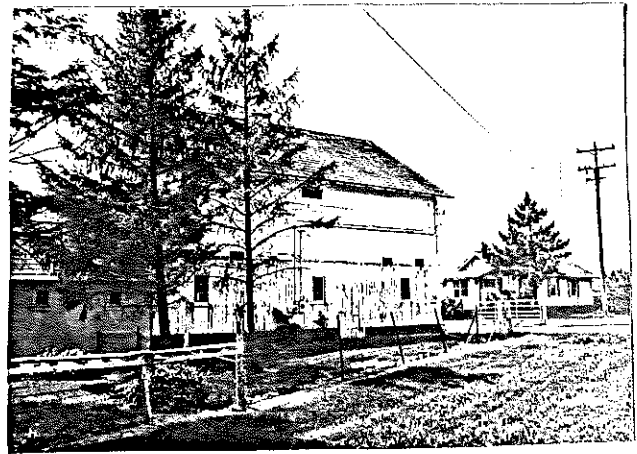
IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2033</u>	Town: <u>Richmond</u>	
W: <u>SW</u>	Sec: <u>8</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 173</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> , 2: <input type="checkbox"/> , 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>35</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1104</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <u>201</u> or _____		
Cipol: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	



IL 422-0485



ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2034</u>	Town: <u>Richmond</u>	
N: <u>SE</u>	Sec: <u>6</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Burgess Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input checked="" type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>1</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1108</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <u>205</u> or _____		
Clpbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wl Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Addl, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-6415

ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2035</u>	Town: <u>Richmond</u>	
N: <u>NE</u>	Sec: <u>7</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Burgess Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>2</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1103</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <u>201</u> or _____		
Clpbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wl Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Addl, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-6465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2036</u>	Town: <u>Richmond</u>	
W: <u>SW</u>	Sec: <u>6</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Burgess Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>3</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
<u>1109</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____ or _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adv. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adv. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



R. 422-6465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2037</u>	Town: <u>Richmond</u>	
W: <u>SW</u>	Sec: <u>6</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Burgess Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>4</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
<u>1108</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____ or _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adv. Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adv. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



R. 422-6465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2038</u>	Town: <u>Richmond</u>	
N: <u>NW</u>	Sec: <u>7</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Burgitt Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input checked="" type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>5</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
<u>1105</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____ or _____		
Clpbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plowed or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>WVWVWVWV</u>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plowed or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2039</u>	Town: <u>Hebron</u>	
N: <u>SE</u>	Sec: <u>1</u>	TWP: <u>46N</u>	Range: <u>7E</u>
Street: <u>Burgitt Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>6</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		
<u>1104</u> or <u>117</u>	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____ or _____		
Clpbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Plowed or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plowed or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input checked="" type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	



IL 422-0465



Retake of frame 5 because  
negative was destroyed

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2040</u>	Town: <u>Helbron</u>	
W: <u>NW</u>	Sec: <u>12</u>	TWP: <u>46N</u>	Range: <u>7E</u>
Street: <u>Burgott Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input checked="" type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>10 ft</u> or: _____	Building TYPE <u>201</u> or: _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Roof Material		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



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**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2041</u>	Town: <u>Helbron</u>	
W: <u>SE</u>	Sec: <u>2</u>	TWP: <u>46N</u>	Range: <u>7E</u>
Street: <u>Burgott Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>9</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>410 ft</u> or: _____	Building TYPE _____ or: _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Roof Material		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



R 422-0465





**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2042</u>	Town: <u>Hebron</u>
W: <u>SW</u>	Sec: <u>2</u>	TWP: <u>46N</u> Range: <u>8E</u>
Street: <u>Burnett Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____		



FRAME# <u>10</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>1010</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <u>2015</u> or _____	
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

FRAME# <u>16</u>	Pres. Funct.: <u>Barn</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>2015</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE _____	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
BUILDING 3 _____ or _____ Note: _____		
BUILDING 4 _____ or _____ Note: _____		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2043</u>	Town: <u>Hebron</u>
W: <u>NW</u>	Sec: <u>11</u>	TWP: <u>46N</u> Range: <u>8E</u>
Street: <u>Burnett Rd.</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>11</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>11011</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE _____	
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

FRAME# <u>11</u>	Pres. Funct.: <u>Barn</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>2011</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE _____	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
BUILDING 3 _____ or _____ Note: _____		
BUILDING 4 _____ or _____ Note: _____		

IL 422-0465

Baru: 1912

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2044</u>	Town: <u>Nelron</u>	
N: <u>SE</u>	Sec: <u>2</u>	TWP: <u>46N</u>	Range: <u>7E</u>
Street: <u>Jung Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input checked="" type="checkbox"/>			
Grain Bin: <input checked="" type="checkbox"/> Pump House: <input checked="" type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>12</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1115</u> or _____	Building TYPE <u>201</u> or _____		
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input type="checkbox"/> Masonry: <input checked="" type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <u>Unknown</u>	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Addl, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



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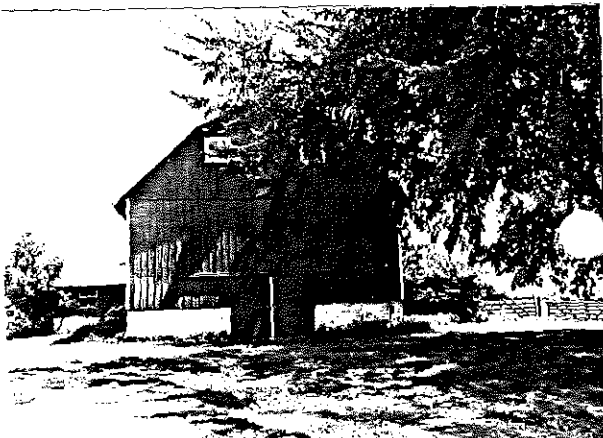
L 422-0455

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2045</u>	Town: <u>Nelron</u>	
N: <u>NE</u>	Sec: <u>11</u>	TWP: <u>46N</u>	Range: <u>7E</u>
Street: <u>Jung Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>13</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>11091</u> or _____	Building TYPE <u>2105</u> or _____		
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Addl, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



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**ILLINOIS RURAL SURVEY**

County: <u>McH</u>		Site #: <u>2046</u>		Town: <u>Hebron</u>	
W: <u>SW</u>		Sec: <u>12</u>		TWP: <u>46N</u> Range: <u>7E</u>	
Street: <u>Rt. 173</u>				Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>					
FARMSTEAD <input checked="" type="checkbox"/>					
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/>					
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>					
Grain Bins: <input checked="" type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>					
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____					
FRAME# <u>15</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>					
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>					
<u>1011</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>					
FRAME# <u>15</u> Pres. Funct.: <u>Barn</u> Same? <input checked="" type="checkbox"/>					
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input checked="" type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>					
<u>202</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>					
FRAME# <u>15</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>					
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>					
<u>1011</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>					

Bibliography and further notes on Reverse

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>		Site #: <u>2047</u>		Town: <u>Hebron</u>	
W: <u>NW</u>		Sec: <u>13</u>		TWP: <u>46N</u> Range: <u>7E</u>	
Street: <u>Rt. 173</u>				Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>					
FARMSTEAD <input checked="" type="checkbox"/>					
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>					
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>					
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>					
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____					
FRAME# <u>14</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>					
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>					
<u>104</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>					
FRAME# <u>16</u> Pres. Funct.: <u>Barn</u> Same? <input checked="" type="checkbox"/>					
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input checked="" type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>					
<u>201</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>					

Bibliography and further notes on Reverse

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_



**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2048</i>	Town: <i>Helbron</i>
N: <i>NE</i>	Sec: <i>13</i>	TWP: <i>46N</i> Range: <i>8E</i>
Street: <i>Rt. 173</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <i>17</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<i>11031</i> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____	BUILDING 4	



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IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2049</i>	Town: <i>Helbron</i>
N: <i>SE</i>	Sec: <i>12</i>	TWP: <i>46N</i> Range: <i>7E</i>
Street: <i>Rt. 173</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <i>16</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>
<i>11011</i> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____	BUILDING 4	



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2050</u>	Town: <u>Richmond</u>
W: <u>NW</u>	Sec: <u>14</u>	TWP: <u>46N</u> Range: <u>8E</u>
Street: <u>Rt. 173</u>		Street View: <input type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj. Barns:  3 Mj. Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>19</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>
<u>103</u> or _____	Building TYPE	<u>21011</u> or _____
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Roof	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vly Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	BUILDING 3	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vly Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 4	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2051</u>	Town: <u>Balden</u>
W: <u>SW</u>	Sec: <u>7</u>	TWP: <u>46N</u> Range: <u>8E</u>
Street: <u>Rt. 173</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj. Barns:  3 Mj. Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>20</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>
<u>71181</u> or _____	Building TYPE	<u>71181</u> or _____
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation	Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Roof	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material	Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vly Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	BUILDING 3	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vly Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 4	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>		Site #: <u>2052</u>		Town: <u>Balden</u>	
W: <u>SW</u>		Sec: <u>7</u>		TWP: <u>46N</u> Range: <u>8E</u>	
Street: <u>Rt. 173</u>				Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>					
FARMSTEAD <input checked="" type="checkbox"/>					
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>					
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>					
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>					
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____					
FRAME# <u>21</u>		Pres. Funct: <u>Residence</u>		Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		Condition/use/size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
<u>1/0/4</u> or _____		Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipbt: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		Siding material		Cipbt: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>		Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		Roof Material		Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vv Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>		Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vv Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>		BUILDING 3		1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	
Bibliography and further notes on Reverse		BUILDING 4			
Surveyed by: _____ Date: _____					



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>		Site #: <u>2053</u>		Town: <u>Balden</u>	
W: <u>SW</u>		Sec: <u>7</u>		TWP: <u>46N</u> Range: <u>8E</u>	
Street: <u>Rt. 173</u>				Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>					
FARMSTEAD <input checked="" type="checkbox"/>					
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>					
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>					
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>					
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____					
FRAME# <u>22</u>		Pres. Funct: <u>Residence</u>		Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		Condition/use/size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
<u>1/0/1</u> or _____		Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipbt: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		Siding material		Cipbt: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>		Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Limestone</u>		Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		Roof Material		Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vv Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>		Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vv Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>		BUILDING 3		1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	
Bibliography and further notes on Reverse		BUILDING 4			
Surveyed by: _____ Date: _____					



IL 422-0465



ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2054</u>	Town: <u>Richmond</u>	
W: <u>SE</u>	Sec: <u>7</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 173</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Shed, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>23</u>	Pres. Funct.: <u>Business</u>	Same ? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size		
<u>1019</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Capot: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
BULDING 2		FRAME# _____ Pres. Funct.: _____ Same ? <input type="checkbox"/>	
Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Condition/size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
Building TYPE		Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Siding material		Capot: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Roof Material		Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
BULDING 3		1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	
BULDING 4		or _____ Note: _____	



ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2055</u>	Town: <u>Richmond</u>	
W: <u>NW</u>	Sec: <u>9</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 173</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Shed, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>24</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input checked="" type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size		
<u>1198</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Capot: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy. Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
BULDING 2		FRAME# _____ Pres. Funct.: _____ Same ? <input type="checkbox"/>	
Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Condition/size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
Building TYPE		Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Siding material		Capot: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Roof Material		Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
BULDING 3		1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	
BULDING 4		or _____ Note: _____	



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2056</u>	Town: <u>Richmond</u>	
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 173</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>25</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>11015</u> or: _____	Building TYPE _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cybd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3 _____		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

PHOTO GOES HERE



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2057</u>	Town: <u>Richmond</u>	
W: <u>SE</u>	Sec: <u>10</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 173</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input checked="" type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>26</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>11014</u> or: _____	Building TYPE _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cybd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3 _____		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2058</u>	Town: <u>Richmond</u>	
W: <u>NE</u>	Sec: <u>10</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 173</u>		Street View: <input checked="" type="checkbox"/>	

Industrial/Commercial Complex w/3 or more Bldgs:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_

FRAME# <u>27</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	w/1 BUILDING 2w FRAME# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
or <u>2</u> Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE _____ or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input checked="" type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: <u>Tile</u>	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Akl: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Akl: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
<u>Very unusual</u> Bibliography and further notes on Reverse	BUILDING 3: _____ or _____ Note: _____
Surveyed by: _____ Date: _____	BUILDING 4: _____ or _____ Note: _____



IL 422-6445

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2059</u>	Town: <u>Richmond</u>	
W: <u>SW</u>	Sec: <u>11</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 173</u>		Street View: <input checked="" type="checkbox"/>	

Industrial/Commercial Complex w/3 or more Bldgs:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_

FRAME# <u>28</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	w/1 BUILDING 2w FRAME# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>105</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE _____ or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Akl: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Akl: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 3: _____ or _____ Note: _____
Surveyed by: _____ Date: _____	BUILDING 4: _____ or _____ Note: _____



IL 422-6445

\*entire house original 1930's vintage

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2060</u>	Town: <u>Richmond</u>	
W: <u>SW</u>	Sec: <u>2</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Sakerview Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mjr Barns: <input type="checkbox"/> 3 Mjr Barns: <input type="checkbox"/> Corn Crib: 1: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input checked="" type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input checked="" type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>29</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1 1 1 1 1</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cybd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



B. 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2061</u>	Town: <u>Richmond</u>	
W: <u>NW</u>	Sec: <u>6</u>	TWP: <u>46N</u>	Range: <u>9E</u>
Street: <u>Siedschlag Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mjr Barns: <input type="checkbox"/> 3 Mjr Barns: <input type="checkbox"/> Corn Crib: 1: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input checked="" type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>30</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1 1 1 1 1</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cybd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



B. 422-0455

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2062</u>	Town: <u>Richmond</u>	
W: <u>NE</u>	Sec: <u>6</u>	TWP: <u>46N</u>	Range: <u>9E</u>
Street: <u>Rt. 173</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments:			
FRAME# <u>31</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1 1/2</u> or	Building TYPE <u>2011</u> or		
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input checked="" type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input checked="" type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Block: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input checked="" type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



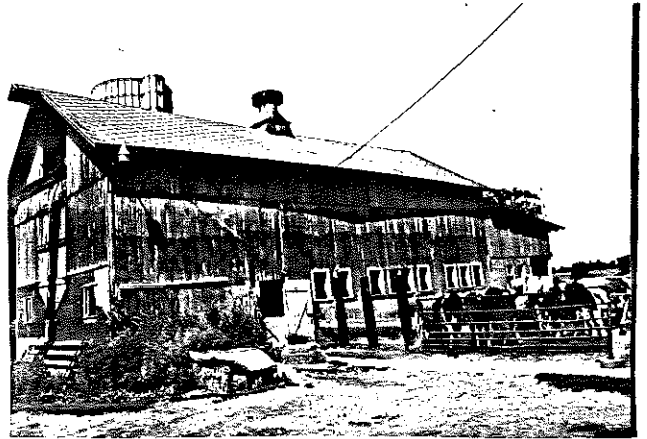
IL 422-0455

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2063</u>	Town: <u>Richmond</u>	
W: <u>NE</u>	Sec: <u>6</u>	TWP: <u>46N</u>	Range: <u>9E</u>
Street: <u>Wilmont Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments:			
FRAME# <u>3033</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1 0/3</u> or	Building TYPE <u>2015</u> or		
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

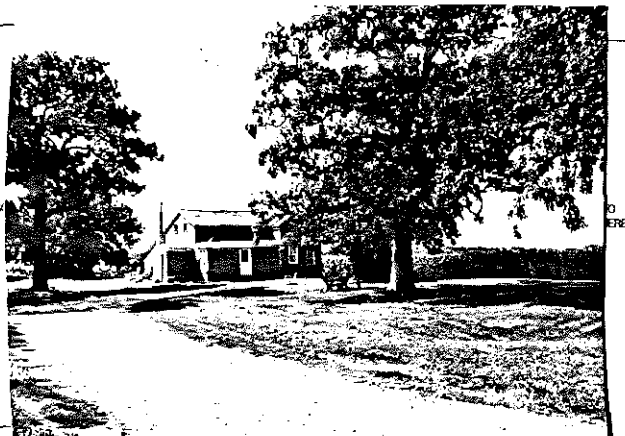


IL 422-0455

House : 100 yrs.



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2064</u>	Town: <u>Wilmot</u>	
W: <u>NE</u>	Sec: <u>6</u>	TWP: <u>46N</u>	Range: <u>9E</u>
Street: <u>Wilmot Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>34</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input checked="" type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
<u>1102</u> or: _____	Condition/Use/Size: _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____		
Clpbd: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	
BUILDING 3		or: _____ Note: _____	
BUILDING 4		or: _____ Note: _____	



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2065</u>	Town: <u>Wilmot</u>	
W: <u>NE</u>	Sec: <u>6</u>	TWP: <u>46N</u>	Range: <u>9E</u>
Street: <u>Wilmot Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>35</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
<u>11011</u> or: _____	Condition/Use/Size: _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: <u>2011</u> or: _____		
Clpbd: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof: Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Roof Material: Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Integrity: Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	
BUILDING 3		or: _____ Note: _____	
BUILDING 4		or: _____ Note: _____	



IL 422-0465



ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2066</u>	Town: <u>Wilmot</u>	
V: <u>WESE</u>	Sec: <u>5</u>	TWP: <u>46N</u>	Range: <u>9E</u>
Street: <u>Wilmot Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: <input type="checkbox"/> 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>35</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	w/1 BUILDING 2w
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lig: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size		
<u>10/4</u> or _____	Building TYPE <u>20</u> or _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____			



OTO  
HERE

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2067</u>	Town: <u>Richmond</u>	
V: <u>NE</u>	Sec: <u>7</u>	TWP: <u>46N</u>	Range: <u>9E</u>
Street: <u>Rt. 173</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: <input type="checkbox"/> 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>1</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	w/1 BUILDING 2w
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lig: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size		
<u>10/2</u> or _____	Building TYPE <u>20</u> or _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Addl. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____			



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2068 Town: Richmond  
 W: NW Sec: 7 TWP: 46N Range: 9E  
 Street: Garnstorf Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses:  1 Major Barn:  2 Mf Barns:  3 Mf Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments:



FRAME# 2 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: 100 or: Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Pyr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 2 Pres. Funct.: Barn Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: 205 or: Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Pyr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

E. 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2069 Town: Richmond  
 W: SE Sec: 1 TWP: 46N Range: 9E  
 Street: Garnstorf Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses:  1 Major Barn:  2 Mf Barns:  3 Mf Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments:



FRAME# 3 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: 1019 or: Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Pyr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 3 Pres. Funct.: Residence Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: 2011 or: Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Pyr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

E. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2070</u>	Town: <u>Richmond</u>
W: <u>NW</u>	Sec: <u>12</u>	TWP: <u>46N</u> Range: <u>9E</u>
Street: <u>Rt. 173</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input checked="" type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input checked="" type="checkbox"/> Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments:		



FRAME# <u>4</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>203</u> or	Stories: 1 <input type="checkbox"/> 1-1/2 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: <u>Wooden cupola</u>	Roof Material	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	or
Surveyed by: _____	Date: _____	

FRAME# <u>4</u>	Pres. Funct.: <u>Abandoned House</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>1101</u> or	Stories: 1 <input type="checkbox"/> 1-1/2 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 2+ <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbd: <input type="checkbox"/> Weathrbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Roof Material	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	or
Surveyed by: _____	Date: _____	

L 422-6466

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2071</u>	Town: <u>Richmond</u>
W: <u>SW</u>	Sec: <u>12</u>	TWP: <u>46N</u> Range: <u>9E</u>
Street: <u>Rt. 173</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input checked="" type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input checked="" type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input checked="" type="checkbox"/> Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments:		



FRAME# <u>5</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>103</u> or	Stories: 1 <input type="checkbox"/> 1-1/2 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 2+ <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbd: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	or
Surveyed by: _____	Date: _____	

FRAME# <u>5</u>	Pres. Funct.: <u>Barn on left</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>201</u> or	Stories: 1 <input type="checkbox"/> 1-1/2 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbd: <input type="checkbox"/> Weathrbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	or
Surveyed by: _____	Date: _____	

L 422-6466

**ILLINOIS RURAL SURVEY**

County: <u>Mch</u>	Site #: <u>2072</u>	Town: <u>Richmond</u>	
NE	Sec: <u>11</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 173</u>		Street View: <input checked="" type="checkbox"/>	

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses  1 Major Barn  2 Mj Barns  3 Mj Barns  Corn Crbs. 1:  2:  3+:

Garage:  Mach. Shed  Grainery  Smokehouse  Summer Kitchen  Silo  Windmill

Grain Bins:  Pump House  Hog Houses  Chicken Coop  Outouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_

FRAME# <u>6</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____	FRAME# <u>6</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>			Original Function: Residence <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>			Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>			
<u>1102</u> or _____			Building TYPE: <u>2101</u> or _____			
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other: _____			Structure: Frame <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other: _____			
Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert <input type="checkbox"/> Hd Shngl: <input checked="" type="checkbox"/> Brick: <input type="checkbox"/>			Siding material: Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert <input checked="" type="checkbox"/> Hd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			Roof: Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			Roof Material: Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input checked="" type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			Integrity: Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>			Period: 1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>			
Bibliography and further notes on Reverse			BUILDING 3: _____ or _____ Note: _____			
			BUILDING 4: _____ or _____ Note: _____			

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2073</u>	Town: <u>Richmond</u>	
NE	Sec: <u>11</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 173</u>		Street View: <input type="checkbox"/>	

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses  1 Major Barn  2 Mj Barns  3 Mj Barns  Corn Crbs. 1:  2:  3+:

Garage:  Mach. Shed  Grainery  Smokehouse  Summer Kitchen  Silo  Windmill

Grain Bins:  Pump House  Hog Houses  Chicken Coop  Outouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_

FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2# _____	FRAME# _____	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>			Original Function: Residence <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>			Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>			
<u>402</u> or _____			Building TYPE: _____ or _____			
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other: _____			Structure: Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other: _____			
Clpbd: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert <input type="checkbox"/> Hd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			Siding material: Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert <input type="checkbox"/> Hd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>			Integrity: Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>			Period: 1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>			
Bibliography and further notes on Reverse			BUILDING 3: _____ or _____ Note: _____			
			BUILDING 4: _____ or _____ Note: _____			

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2074 Town: Richmond  
 R: NW Sec: 4 TWP: 46N Range: 8E  
 Street: Rt. 173 Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib:  1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# 5 Pres. Funct.: Residence Same?  #1 BUILDING 2# \_\_\_\_\_

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 10 or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alt:  Addl, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 6 Pres. Funct.: Barn Same?  #1 BUILDING 2# \_\_\_\_\_

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: 205 or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alt:  Addl, Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2075 Town: McHenry  
 R: NE Sec: 21 TWP: 45N Range: 9E  
 Street: Lingwood Rd Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib:  1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# 9 Pres. Funct.: Residence Same?  #1 BUILDING 2# \_\_\_\_\_

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 10 or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alt:  Addl, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 10 Pres. Funct.: Barn Same?  #1 BUILDING 2# \_\_\_\_\_

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: 201 or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alt:  Addl, Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2076</u>	Town: <u>McHenry</u>	
W: <u>NE</u>	Sec: <u>21</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood Rd</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input checked="" type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mjr Barns: <input type="checkbox"/> 3 Mjr Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Gran Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____			

FRAME# <u>11</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/size: _____
<u>1</u>   <u>1</u>   <u>1</u>   or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____ or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngt: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: _____
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: _____
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: _____
Asphalt Shngt: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngt: <input type="checkbox"/> Other: _____	Roof Material: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Addl, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: _____
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: _____
Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____	BUILDING 3: _____ or: _____ Note: _____
	BUILDING 4: _____ or: _____ Note: _____



I. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2077</u>	Town: <u>McHenry</u>	
W: <u>NW</u>	Sec: <u>21</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mjr Barns: <input type="checkbox"/> 3 Mjr Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Gran Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>12</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____
Deteriorated: <input checked="" type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/> <u>Torched</u>	Condition/size: _____
<u>1</u>   <u>1</u>   <u>8</u>   or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____ or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: _____
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngt: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: _____
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brck: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: _____
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: _____
Asphalt Shngt: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngt: <input type="checkbox"/> Other: _____	Roof Material: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Addl, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: _____
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: _____
Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____	BUILDING 3: _____ or: _____ Note: _____
	BUILDING 4: _____ or: _____ Note: _____



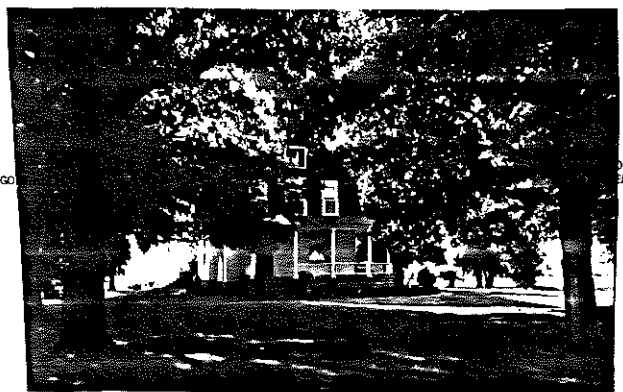
I. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2078</u>	Town: <u>McHenry</u>	
W: <u>SE</u>	Sec: <u>16</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood/McCullom Rd</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			

FRAME# <u>13</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size					
<u>10.3'</u> or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>					
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE					
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material					
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation					
Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material					
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period					
Bibliography and further notes on Reverse				BUILDING 3		
Surveyed by: _____ Date: _____				BUILDING 4		



IL 422-0445

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2079</u>	Town: <u>McHenry</u>	
W: <u>SW</u>	Sec: <u>16</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood/McCullom Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			

FRAME# <u>14</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size					
<u>10.2'</u> or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>					
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE					
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material					
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation					
Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material					
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period					
Bibliography and further notes on Reverse				BUILDING 3		
Surveyed by: _____ Date: _____				BUILDING 4		



IL 422-0445



**ILLINOIS RURAL SURVEY**

County: McH Site #: 2080 Town: Ringwood  
 W: NE Sec: 16 TWP: 45N Range: 8E  
 Street: Ringwood Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments:



FRAME# 15 Pres. Funct.: Residence Same?  #1 BUILDING 2#

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 or: Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbt:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brck:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alkt:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?  #1 BUILDING 2#

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/use/size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbt:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brck:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alkt:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2081 Town: Ringwood  
 W: NE Sec: 16 TWP: 45N Range: 8E  
 Street: Ringwood Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments:



FRAME# 16 Pres. Funct.: Barn Same?  #1 BUILDING 2#

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 or: Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbt:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brck:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alkt:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?  #1 BUILDING 2#

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/use/size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbt:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brck:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alkt:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2082</u>	Town: <u>Ringwood</u>	
W: <u>NE</u>	Sec: <u>16</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>17</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME# <u>17</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function						
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size						
<u>1117</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		BUILDING TYPE <u>200</u> or _____				Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure						
Cipbt: <input checked="" type="checkbox"/> Weathrbt: <input type="checkbox"/> Vert: <input type="checkbox"/> Hk Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material						
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation						
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof						
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material						
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity						
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atrd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period						
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3		or _____ Note: _____				
Bibliography and further notes on Reverse							
Surveyed by: _____ Date: _____							



IL 422-0445

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2083</u>	Town: <u>Ringwood</u>	
W: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>18</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function						
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size						
<u>1118</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		BUILDING TYPE _____ or _____				Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure						
Cipbt: <input checked="" type="checkbox"/> Weathrbt: <input type="checkbox"/> Vert: <input type="checkbox"/> Hk Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material						
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation						
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof						
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material						
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity						
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atrd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period						
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3		or _____ Note: _____				
Bibliography and further notes on Reverse							
Surveyed by: _____ Date: _____							

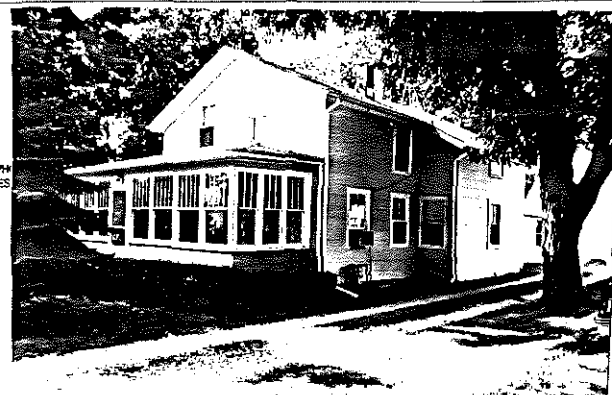


IL 422-0445

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2084</u>	Town: <u>Ringwood</u>	
W: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Shed, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>19</u>	Pres. Fund.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1116</u> or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Unknown</u>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vv. Alt: <input type="checkbox"/> Addl. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2085</u>	Town: <u>Ringwood</u>	
W: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Shed, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>20</u>	Pres. Fund.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>103</u> or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vv. Alt: <input type="checkbox"/> Addl. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			




ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2086</u>	Town: <u>Ringwood</u>	
W: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>21</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size		
<u>1175</u> or <u>104</u>	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wt. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		
	BUILDING 3		Note:
	BUILDING 4		Note:

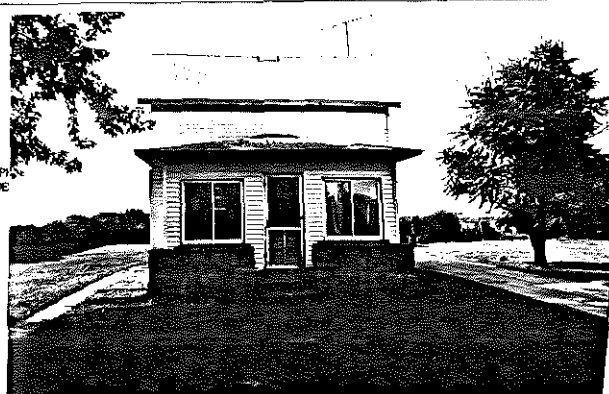


ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2087</u>	Town: <u>Ringwood</u>	
W: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>22</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size		
<u>104</u> or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wt. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		
	BUILDING 3		Note:
	BUILDING 4		Note:



ILLINOIS RURAL SURVEY			
County: <u>MtH</u>	Site #: <u>2088</u>	Town: <u>Ringwood</u>	
W: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
			
FRAME# <u>23</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2w
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input checked="" type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
<u>10/11</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input checked="" type="checkbox"/>	Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Limestone</u>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>MtH</u>	Site #: <u>2089</u>	Town: <u>Ringwood</u>	
W: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
			
FRAME# <u>24</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2w
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
<u>11/11</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Limestone</u>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2090</u>	Town: <u>Ringwood</u>
N: <u>NE</u>	Sec: <u>9</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



FRAME# <u>25</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1003</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Unknown</u>	Roof		
Gable: <input checked="" type="checkbox"/> Hipopt: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alr: <input type="checkbox"/> Vy Alrd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: _____ Date: _____			

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
_____ or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipopt: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alr: <input type="checkbox"/> Vy Alrd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: _____ Date: _____			

IL 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2091</u>	Town: <u>Ringwood</u>
N: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



FRAME# <u>26</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1103</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipopt: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alr: <input type="checkbox"/> Vy Alrd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: _____ Date: _____			

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
_____ or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipopt: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alr: <input type="checkbox"/> Vy Alrd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: _____ Date: _____			

IL 422-0455

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2092</u>	Town: <u>Ringwood</u>	
N: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Rte Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>27</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Mid <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>11181</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vv Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0455

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2093</u>	Town: <u>Ringwood</u>	
N: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Rte Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>28</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Mid <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>11013</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vv Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0455

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2094 Town: Risingwood  
 W: SE Sec: 9 TWP: 4 Range:  
 Street: Risingwood Rd Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments:



FRAME# 29 Pres. Funct.: Residence Same?  #1 BUILDING 2#

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
11/6 or: Stones, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other:  
 Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other:  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other:  
 Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?  #1 BUILDING 2#

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stones, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other:  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other:  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other:  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note:  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note:

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2095 Town: Risingwood  
 W: SE Sec: 9 TWP: 45N Range: 8E  
 Street: Barnard Hill Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments:



FRAME# 70 Pres. Funct.: Residence Same?  #1 BUILDING 2#

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
10/11 or: Stones, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other:  
 Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other:  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other:  
 Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?  #1 BUILDING 2#

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stones, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other:  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other:  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other:  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note:  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note:

IL 422-0465



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2096</u>	Town: <u>Ringwood</u>
V: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj. Barns:  3 Mj. Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: apartment

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FRAME# <u>31</u>	Pres. Funct.: <u>Residence</u>	Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>51011</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	or _____ Note: _____
Bibliography and further notes on Reverse	BUILDING 4	or _____ Note: _____
Surveyed by: _____ Date: _____		



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2097</u>	Town: <u>Ringwood</u>
V: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj. Barns:  3 Mj. Barns:  Corn Crib, 1:  2:  3+:

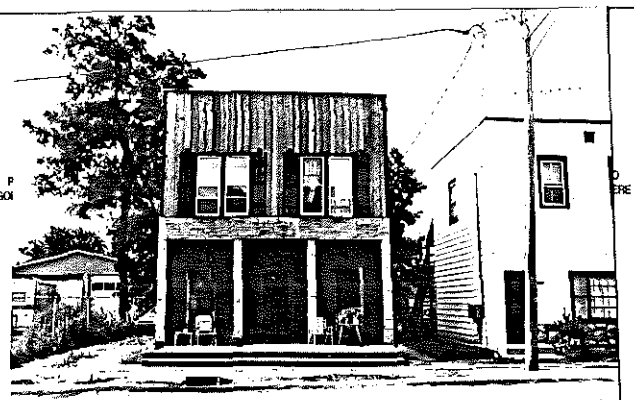
Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_

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FRAME# <u>32</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>51011</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input checked="" type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input checked="" type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input checked="" type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input checked="" type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	or _____ Note: _____
Bibliography and further notes on Reverse	BUILDING 4	or _____ Note: _____
Surveyed by: _____ Date: _____		

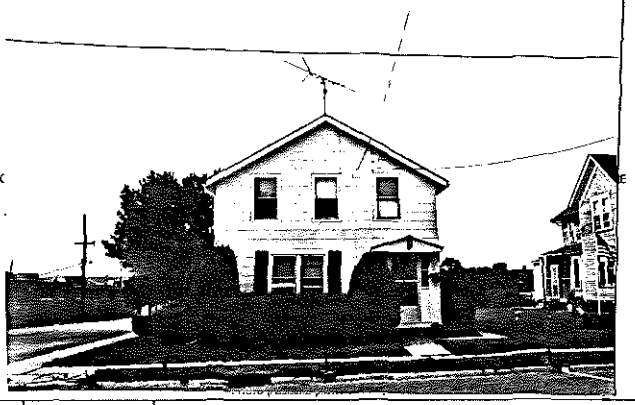


IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2078</u>	Town: <u>Ringwood</u>	
W: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45W</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>33</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	≠1 BUILDING 2≠
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
<u>1107</u> or <u>102</u>	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____ or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Limestone</u>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2099</u>	Town: <u>Ringwood</u>	
W: <u>SE</u>	Sec: <u>10</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>34</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	≠1 BUILDING 2≠
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>		
<u>11031</u> or <u>Gable Front</u>	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____ or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Limestone?</u>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



**ILLINOIS RURAL SURVEY**

County: <b>McH</b>	Site #: <b>2100</b>	Town: <b>Ringwood</b>
W: <b>SW</b>	Sec: <b>9</b>	TWP: <b>45N</b> Range: <b>8E</b>
Street: <b>Barnard Mill Rd.</b>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

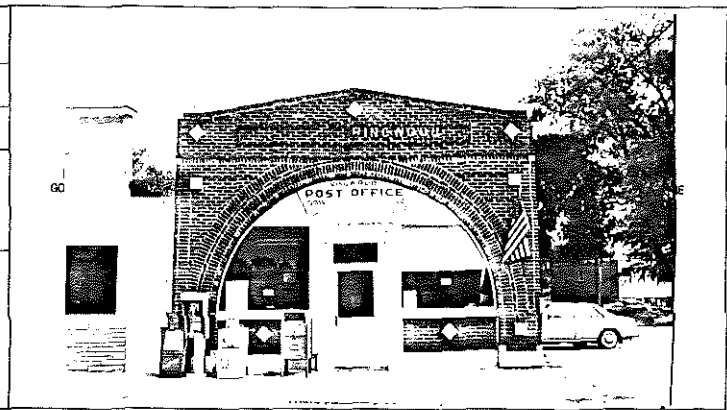
**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Com Crb, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments:



FRAME# <b>35</b>	Pres. Funct.: <b>Post Office</b>	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input checked="" type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	
<b>41001</b> or: Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input checked="" type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vt. Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	or: Note:
Bibliography and further notes on Reverse	BUILDING 4	or: Note:
Surveyed by: _____ Date: _____		

L 422-0465

**ILLINOIS RURAL SURVEY**

County: <b>McH</b>	Site #: <b>2101</b>	Town: <b>Ringwood</b>
W: <b>SW</b>	Sec: <b>9</b>	TWP: <b>45N</b> Range: <b>8E</b>
Street: <b>Barnard Mill Rd.</b>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

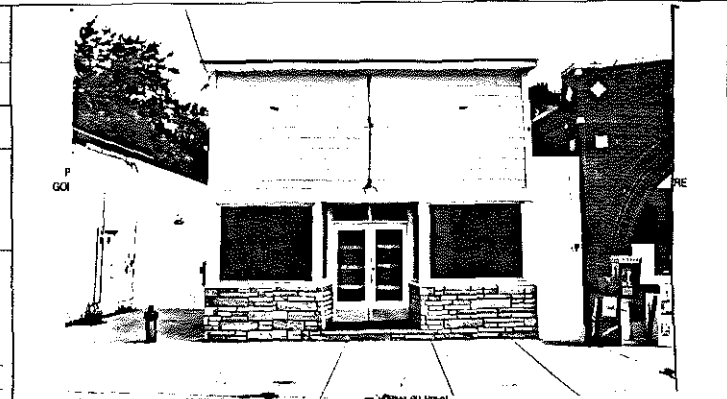
**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Com Crb, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments:

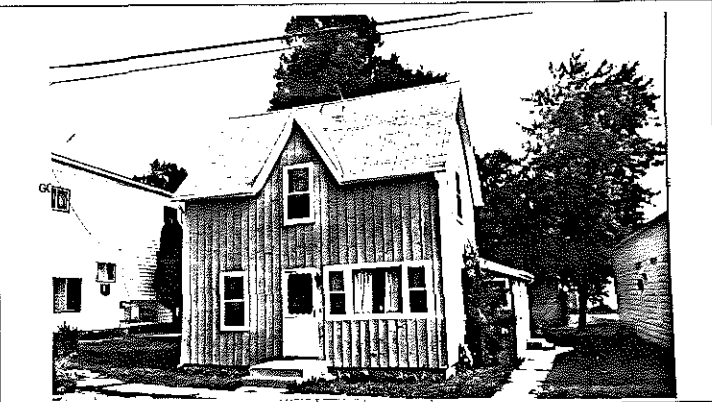


FRAME# <b>36</b>	Pres. Funct.: <b>Office Building</b>	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input checked="" type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	
<b>41013</b> or: Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vt. Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	or: Note:
Bibliography and further notes on Reverse	BUILDING 4	or: Note:
Surveyed by: _____ Date: _____		

L 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2102</u>	Town: <u>Ringwood</u>
W: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Barnard Mill Rd</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



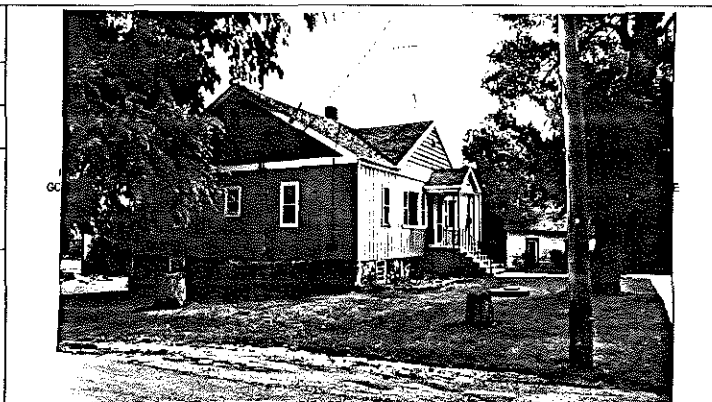
FRAME# <u>1</u>	Pres. Funct.: <u>Residential</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	
<u>10/11</u> or <u>11/5</u>	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input checked="" type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	
	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
BUILDING 3		
BUILDING 4		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2103</u>	Town: <u>Ringwood</u>
W: <u>SE</u>	Sec: <u>10</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



FRAME# <u>2</u>	Pres. Funct.: <u>Residential</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	
<u>11/11</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input checked="" type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Both</u>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input checked="" type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	
	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
BUILDING 3		
BUILDING 4		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2109</u>	Town: <u>Ringwood</u>
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Monroe St.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

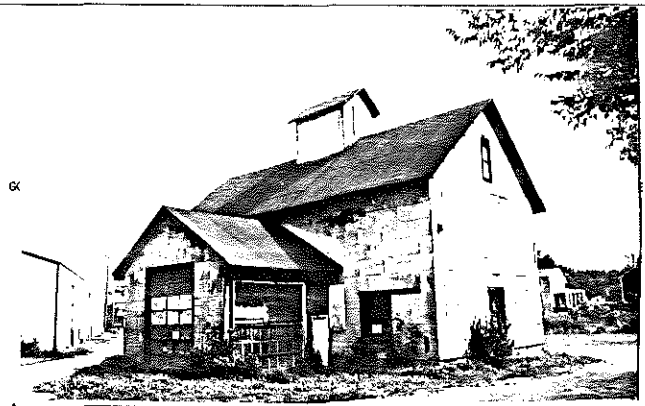
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: Mill



FRAME# <u>3</u>	Pres. Funct.: <u>Abandoned Mill</u>	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input checked="" type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>703</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: <u>?</u>	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: _____ Date: _____		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2105</u>	Town: <u>Ringwood</u>
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Monroe St.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

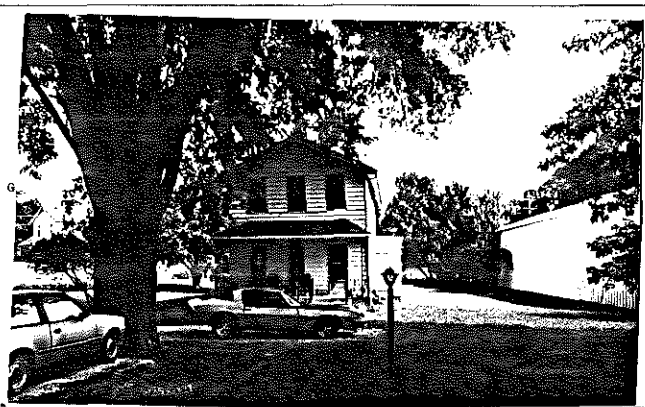
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>4</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>116</u> or <u>Gable Front</u>	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: _____ Date: _____		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2106</u>	Town: <u>Ringwood</u>	
W: <u>SE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Monroe St.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			

FRAME# <u>5</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function: _____	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>		Condition/Use/Size: _____	
<u>11/81</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: _____		
Cipol: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation: _____		
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof: _____		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity: _____		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period: _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: _____		Date: _____	



I. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2107</u>	Town: <u>Ringwood</u>	
W: <u>NE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			

FRAME# <u>6</u>	Pres. Funct.: <u>Other Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function: _____	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>		Condition/Use/Size: _____	
<u>11/04</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: _____		
Cipol: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof: _____		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input checked="" type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period: _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: _____		Date: _____	



I. 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2108</u>	Town: <u>Ringwood</u>	
W: <u>NE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood Rd</u>		Street View: <u>X</u>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
Houses: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1013</u> or _____	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weathrbt: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Unknown</u>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



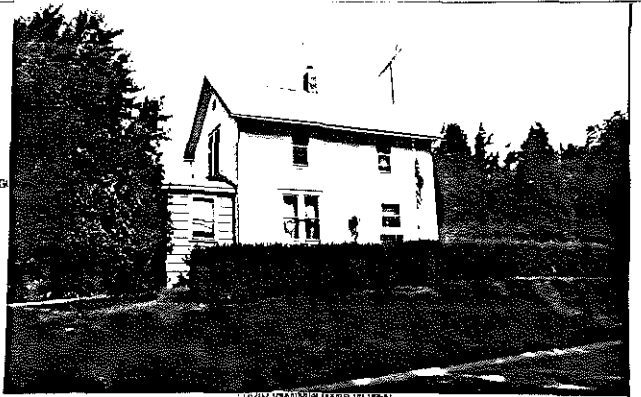
IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2109</u>	Town: <u>Ringwood</u>	
W: <u>NW</u>	Sec: <u>10</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood Rd</u>		Street View: <u>X</u>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
Houses: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>9</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1012</u> or <u>116</u>	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weathrbt: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2110</u>	Town: <u>Ringwood</u>	
W: <u>NW</u>	Sec: <u>10</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>9</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>10/11</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2111</u>	Town: <u>Ringwood</u>	
W: <u>NW</u>	Sec: <u>10</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood Rd</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>10</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>110/11</u> or <u>102</u>	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465



**ILLINOIS RURAL SURVEY**

County: McH Site #: 2112 Town: Ringwood  
 W: NW Sec: 10 TWP: 45N Range: 8E  
 Street: Ringwood Rd Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 1 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
10 or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weathrbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:  Unknown  
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alt:  Adk, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 11 Pres. Funct.: Barn Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: 20 or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weathrbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alt:  Adk, Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

L 422-0455

**ILLINOIS RURAL SURVEY**

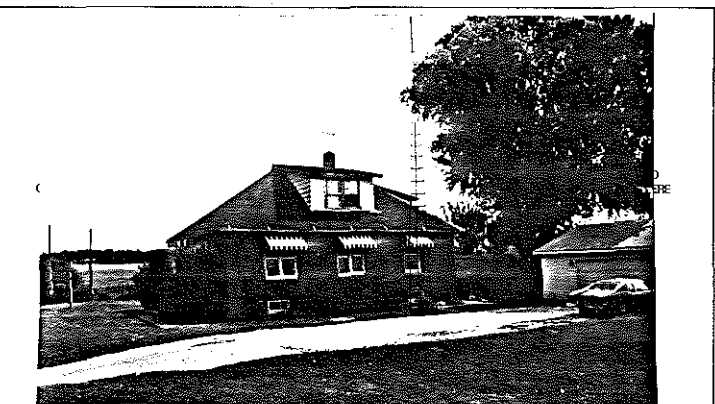
County: McH Site #: 202113 Town: Ringwood  
 W: NW Sec: 10 TWP: 45N Range: 8E  
 Street: Ringwood Rd Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_

FRAME# 2 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
11 or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weathrbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alt:  Adk, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_



FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weathrbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alt:  Adk, Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

L 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2114</u>	Town: <u>Ringwood</u>
R: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Barnard Mill Rd</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



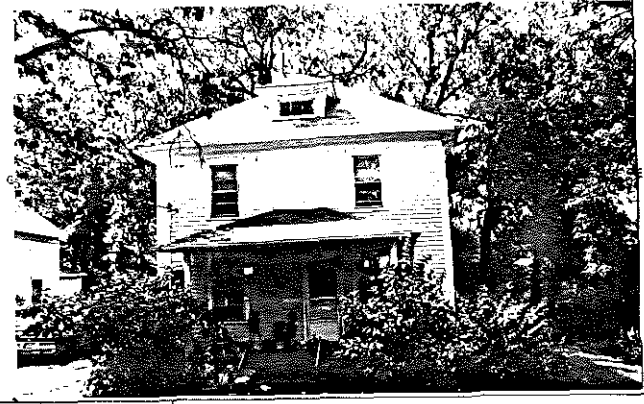
FRAME# <u>13</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1 1/2</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		

FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
_____ or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		

R. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2115</u>	Town: <u>Ringwood</u>
R: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Barnard Mill Rd</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>14</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1 1/2</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		

FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
_____ or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		

R. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2116</u>	Town: <u>Ringwood</u>
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>15</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>110/11</u> or <u>Gable Front</u>	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hippt: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
_____ or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hippt: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
BUILDING 3		
BUILDING 4		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2117</u>	Town: <u>Ringwood</u>
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Ringwood St Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>16</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>110/9</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hippt: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
_____ or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hippt: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
BUILDING 3		
BUILDING 4		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2118</u>	Town: <u>Ringwood</u>	
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mr. Barns:  3 Mr. Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# <u>17</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
<u>1117</u> or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input checked="" type="checkbox"/> Vy Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
_____ or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2119</u>	Town: <u>Ringwood</u>	
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			

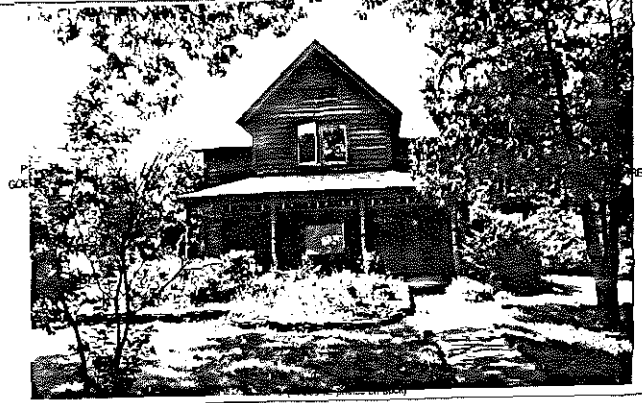
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mr. Barns:  3 Mr. Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# <u>18</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
<u>1161</u> or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
_____ or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2120</u>	Town: <u>Ringwood</u>	
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>19</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1018</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vly Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



L 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2121</u>	Town: <u>Ringwood</u>	
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>20</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1018</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vly Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



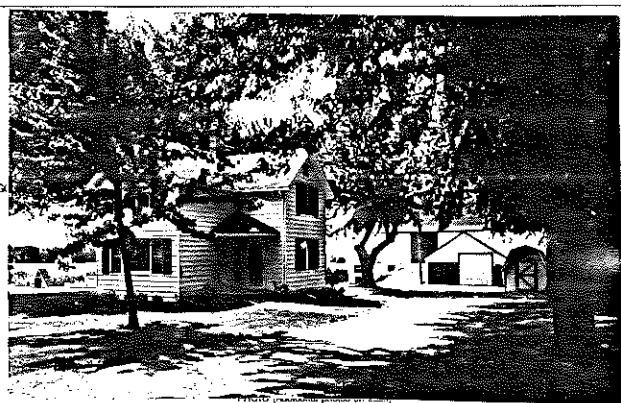
L 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2122 Town: Ringwood  
 V: SW Sec: 10 TWP: 45N Range: 8E  
 Street: Barnard Mill Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 21 Pres. Funct.: Residence Same?   
 Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lig:  Md:  Sm:   
1102 or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd: Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alt:  Add., Major:  Minor:   
 1700-1799:  1800-1899:  1890-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 21 Pres. Funct.: Barn Same?   
 Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/use/size: Deteriorated:  Abandoned:  Lig:  Md:  Sm:   
 Building TYPE: 2075 or: 211 Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alt:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1899:  1890-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2123 Town: Ringwood  
 V: SW Sec: 10 TWP: 45N Range: 8E  
 Street: Barnard Mill Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 22 Pres. Funct.: Residence Same?   
 Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lig:  Md:  Sm:   
1117 or: 105 Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd: Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:  Stucco  
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alt:  Add., Major:  Minor:   
 1700-1799:  1800-1899:  1890-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?   
 Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/use/size: Deteriorated:  Abandoned:  Lig:  Md:  Sm:   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alt:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1899:  1890-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2124</u>	Town: <u>Ringwood</u>	
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mjr Barns: <input type="checkbox"/> 3 Mjr Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>23</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1 1/2</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2125</u>	Town: <u>Ringwood</u>	
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mjr Barns: <input type="checkbox"/> 3 Mjr Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>24</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1 1/2</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2126</u>	Town: <u>Ringwood</u>
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Barnard Mill Rd</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>25</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
<u>1014</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____	BUILDING 4	

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
_____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____	BUILDING 4	

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2127</u>	Town: <u>Ringwood</u>
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

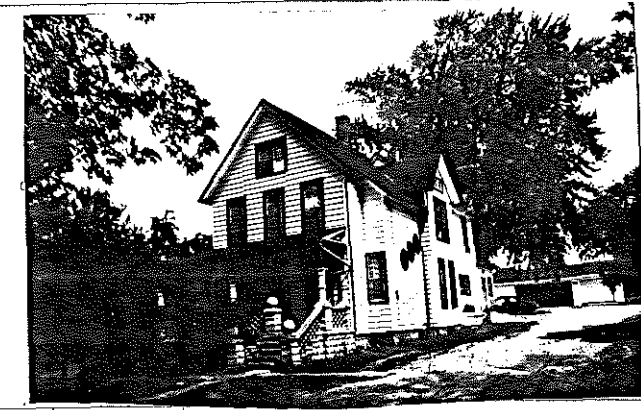
**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>26</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
<u>1118</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____	BUILDING 4	

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
_____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____	BUILDING 4	

IL 422-0485



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2128</u>	Town: <u>Ringwood</u>	
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>27</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>10/3</u> or <u>Single Front</u>	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <u>20/11</u> or _____		
Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



B. 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2129</u>	Town: <u>Ringwood</u>	
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Barnard Mill Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>28</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>10/2</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE _____ or _____		
Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



B. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2130</u>	Town: <u>Ringwood</u>
V: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u> Range: <u>9E</u>
Street: <u>Barnard Mill Rd.</u>	Street View: <input checked="" type="checkbox"/>	

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Com Crbs, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>29</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>10</u> <u>2</u> or: _____	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____	Date: _____	

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
_____ or: _____	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____	Date: _____	

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2131</u>	Town: <u>Wonder Lake</u>
V: <u>NE</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>9E</u>
Street: <u>McCullomk. Rd.</u>	Street View: <input checked="" type="checkbox"/>	

Industrial/Commercial Complex w/3 or more Bldgs:

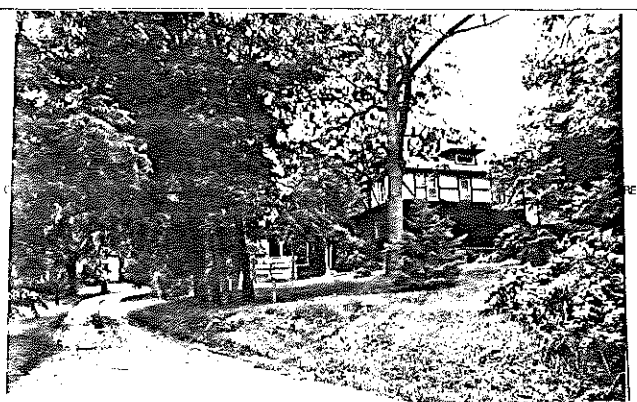
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Com Crbs, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>30</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>10</u> <u>2</u> or: _____	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipcd: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input checked="" type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____	Date: _____	

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
_____ or: _____	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____	Date: _____	

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2132</u>	Town: <u>Wonders Lake</u>	
V: <u>NW</u>	Sec: <u>17</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>McCullom Lake Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Com Cabs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: <u>School</u>			
FRAME# <u>31</u>	Pres. Funct.: <u>School</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input checked="" type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
<u>40</u>   <u>2</u>   or: _____	Building TYPE	_____ or: _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Siding material	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: _____	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: _____	Note: _____
Bibliography and further notes on Reverse	BUILDING 4		Note: _____
Surveyed by: _____	Date: _____		

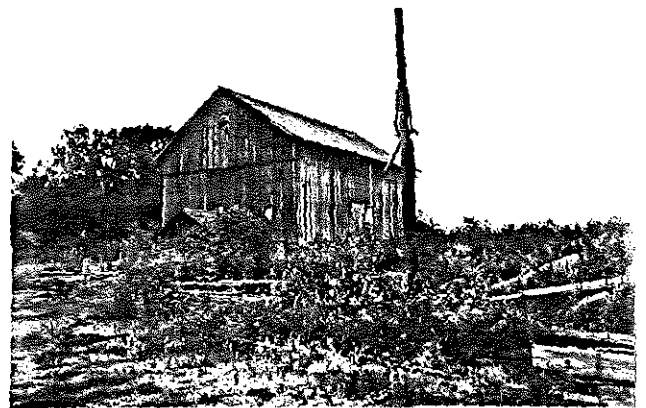


IL 422-0455

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2133</u>	Town: <u>Wonders Lake</u>	
V: <u>SW</u>	Sec: <u>8</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>McCullom Lake Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input checked="" type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Com Cabs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>32</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
<u>1</u>   <u>1</u>   <u>1</u>   <u>1</u>   or: _____	Building TYPE	<u>2</u>   <u>0</u>   <u>1</u>   or: _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: _____	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: _____	Note: _____
Bibliography and further notes on Reverse	BUILDING 4		Note: _____
Surveyed by: _____	Date: _____		



IL 422-0465



House: 100yrs old  
Barns are older than the house

**ILLINOIS RURAL SURVEY**

County: <b>McH</b>	Site #: <b>2134</b>	Town: <b>Wonder Lake</b>	
W: <b>NE</b>	Sec: <b>17</b>	TWP: <b>45N</b>	Range: <b>8E</b>
Street: <b>McCullom Fr. Rd.</b>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mr Barns: <input type="checkbox"/> 3 Mr Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input checked="" type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			

FRAME# <b>34</b>	Pres. Funct.: <b>Residence</b>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	FRAME# <b>34</b>
Condition/Use/Size	Building TYPE	Structure	Pres. Funct.: <b>Barn</b>
<b>103</b> or _____	<b>205</b> or _____	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Same? <input checked="" type="checkbox"/>
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Siding material	Original Function
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Condition/Use/Size
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input checked="" type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Building TYPE
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	or _____	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	or _____	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>
Surveyed by: _____	Date: _____	or _____	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____



L 422-0465

**ILLINOIS RURAL SURVEY**

County: <b>McH</b>	Site #: <b>2135</b>	Town: <b>Wonder Lake</b>	
W: <b>NE</b>	Sec: <b>17</b>	TWP: <b>45N</b>	Range: <b>8E</b>
Street: <b>McCullom Fr. Rd.</b>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mr Barns: <input type="checkbox"/> 3 Mr Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			

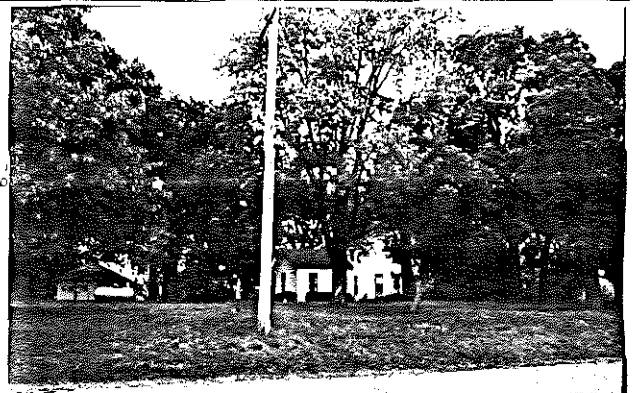
FRAME# <b>35</b>	Pres. Funct.: <b>Barn</b>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	FRAME#
Condition/Use/Size	Building TYPE	Structure	Pres. Funct.: _____
<b>207</b> or _____	_____ or _____	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Same? <input type="checkbox"/>
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Siding material	Original Function
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Condition/Use/Size
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Building TYPE
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	or _____	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	or _____	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>
Surveyed by: _____	Date: _____	or _____	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____



L 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2136</u>	Town: <u>Woods Lake</u>
W: <u>NE</u>	Sec: <u>17</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>McCullom Ln. P.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Quohouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: <u>Barn ttr down</u>		



FRAME# <u>36</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	
<u>103</u> or <u>211</u>	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	
Surveyed by: _____ Date: _____	BUILDING 4	

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2137</u>	Town: <u>Woods Lake</u>
W: <u>NW</u>	Sec: <u>16</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>McCullom Ln. Rb.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Quohouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>1</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	
<u>205</u> or <u>211</u>	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	
Surveyed by: _____ Date: _____	BUILDING 4	

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2139</i>	Town: <i>McCullom Lake</i>	
W: <i>NW</i>	Sec: <i>22</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>McCullom Lake Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Com Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____			



FRAME# <i>3</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			Original Function
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>			Condition/Use/Size
<i>101</i>	or:	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: _____ Date: _____			

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			Original Function
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>			Condition/Use/Size
	or:	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: _____ Date: _____			

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2138</i>	Town: <i>Wauker Lake</i>	
W: <i>NW</i>	Sec: <i>16</i>	TWP: <i>45N</i>	Range: <i>9E</i>
Street: <i>McCullom Lake Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Com Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



FRAME# <i>2</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			Original Function
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>			Condition/Use/Size
<i>1102</i>	or:	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: _____ Date: _____			

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			Original Function
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>			Condition/Use/Size
	or:	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: _____ Date: _____			

IL 422-0465



Colleg 7 Plus

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2140</u>	Town: <u>McCullom Lake</u>	
W: <u>SE</u>	Sec: <u>22</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>McCullom Lake Rd</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>4</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	≠1 BUILDING 2≠
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>2011</u> or _____	Building TYPE: <u>MC</u> or _____		
Stones, 1: <input type="checkbox"/> 1-W: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
FRAME# <u>5</u>		Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>		Condition/Use/Size	
<u>3014</u> or _____		Building TYPE: <u>WOODEN SILO</u> or _____	
Stones, 1: <input type="checkbox"/> 1-W: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		Structure	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>		Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		Foundation	
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>		Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>		Period	
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



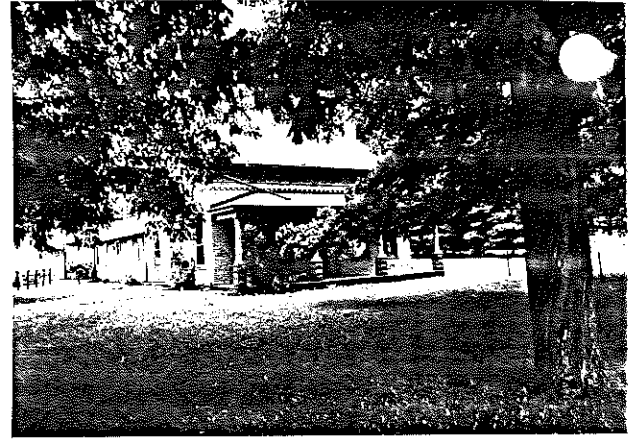
IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2141</u>	Town: <u>McCullom Lake</u>	
W: <u>SW</u>	Sec: <u>23</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>McCullom Lake Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>6</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	≠1 BUILDING 2≠
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1104</u> or _____	Building TYPE: _____ or _____		
Stones, 1: <input type="checkbox"/> 1-W: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipptd: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
FRAME# _____		Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		Condition/Use/Size	
_____ or _____		Building TYPE: _____ or _____	
Stones, 1: <input type="checkbox"/> 1-W: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Structure	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		Foundation	
Gable: <input type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		Period	
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465





**ILLINOIS RURAL SURVEY**

County: McH Site #: 2142 Town: McCullom Lake Pk. Rd.  
 W: SW Sec: 23 TWP: 45N Range: 9E  
 Street: McCullom Lake Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 7 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
1116 or 101 in nail Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asphalt:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 7 Pres. Funct.: Barn Same?

Original Function: Residence  Outbuilding  Public  Commercial  Barn  Industrial  Structural  Religious   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: 205 or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asphalt:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2143 Town: McCullom Lake  
 W: NW Sec: 25 TWP: 45N Range: 8E  
 Street: McCullom Lake Rd. Rt. 31 Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 8 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
108 or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asphalt:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:  Unknown  
 Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: Residence  Outbuilding  Public  Commercial  Barn  Industrial  Structural  Religious   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asphalt:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2144 Town: McHenry  
 W: NE Sec: 25 TWP: 45N Range: 8E  
 Street: Riverside Dr. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# 9 Pres. Fund: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: 104 or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Atr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 9 Pres. Fund: Barn Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/use/size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: 205 or 211 Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Atr:  Vy Atr:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2145 Town: McHenry  
 W: NE Sec: 23 TWP: 45N Range: 8E  
 Street: Riverside Ln. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# 10 Pres. Fund: Residence Same?

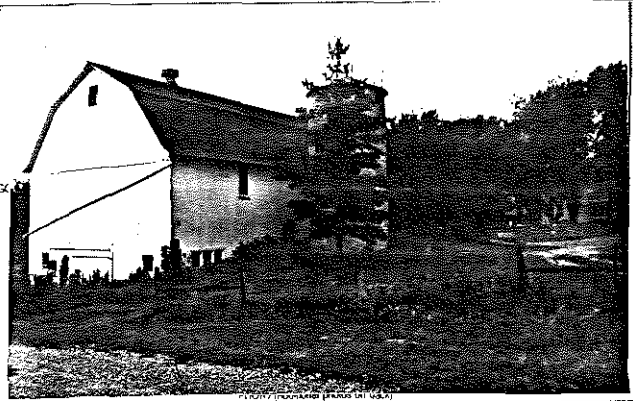
Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: 1102 or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:  Mansard  
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Atr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Fund: \_\_\_\_\_ Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/use/size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Atr:  Vy Atr:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

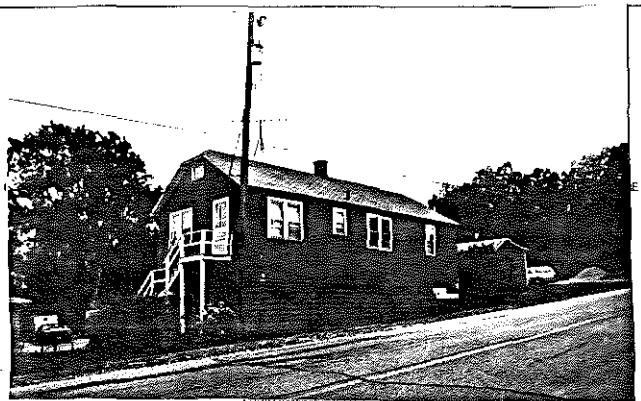
IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2146</u>	Town: <u>Johnsbury</u>	
V: <u>SE</u>	Sec: <u>14</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Riverside Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>11</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Condition/use/size
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Building TYPE	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Building TYPE
<u>2015</u> or <u>211</u>	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	<u>102</u>	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material	Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation
Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vly Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vly Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____	BUILDING 4		BUILDING 4



IL 422-0465

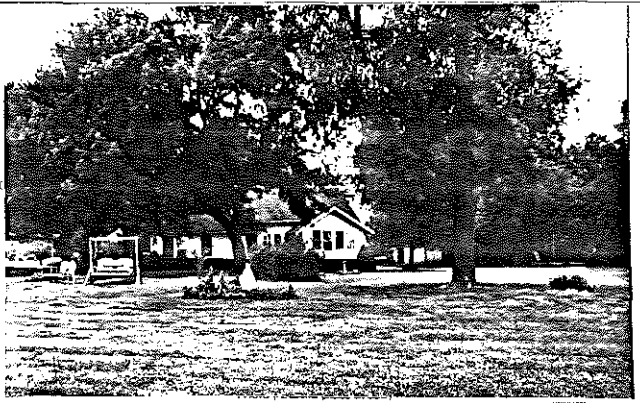
ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2147</u>	Town: <u>Johnsbury</u>	
V: <u>SE</u>	Sec: <u>14</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Johnsbury Ct.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>12</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Condition/use/size
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Building TYPE	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Building TYPE
_____ or _____	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	_____ or _____	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation
Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vly Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vly Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____	BUILDING 4		BUILDING 4



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2148</u>	Town: <u>Johnsburg</u>	
V: <u>SE</u>	Sec: <u>14</u>	TWP: <u>45N</u>	Range: <u>9E</u>
Street: <u>Rt. 31 / Pimmsbury Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



FRAME# <u>13</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Mid: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>111</u> or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Mid: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
_____ or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

IL 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2149</u>	Town: <u>McHenry</u>	
V: <u>SW</u>	Sec: <u>14</u>	TWP: <u>45N</u>	Range: <u>9E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>14</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Mid: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>104</u> or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2150</u>	Town: <u>McHenry</u>
W: <u>SW</u>	Sec: <u>14</u>	TWP: <u>45N</u> Range: <u>E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
Houses: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



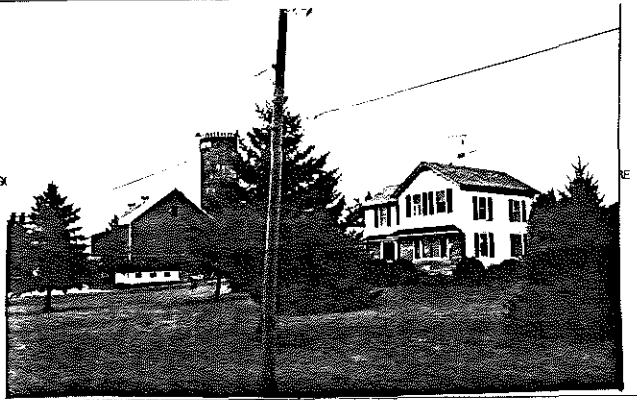
FRAME# <u>15</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lig: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size		
<u>100</u> or _____	Stones, 1: <input type="checkbox"/> 1-W: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <u>205</u> or _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Unknown</u>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Addl. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

FRAME# <u>15</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lig: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size		
<u>205</u> or _____	Stones, 1: <input type="checkbox"/> 1-W: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE _____		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2151</u>	Town: <u>McHenry</u>
W: <u>NW</u>	Sec: <u>23</u>	TWP: <u>45N</u> Range: <u>SE</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
Houses: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____		



FRAME# <u>16</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lig: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size		
<u>1</u> or _____	Stones, 1: <input type="checkbox"/> 1-W: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

FRAME# <u>16</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lig: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size		
<u>201</u> or _____	Stones, 1: <input type="checkbox"/> 1-W: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE _____		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Addl. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2152</u>	Town: <u>McHenry</u>
W: <u>SW</u>	Sec: <u>14</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>17</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>10</u>   <u>8</u>   or: _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbt: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____	Date: _____	

FRAME# <u>17</u>	Pres. Funct.: <u>B</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>2</u>   <u>0</u>   <u>1</u>   or: _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbt: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____	Date: _____	

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2153</u>	Town: <u>McHenry</u>
W: <u>NE</u>	Sec: <u>23</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>18</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>10</u>   <u>1</u>   or: _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbt: <input checked="" type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____	Date: _____	

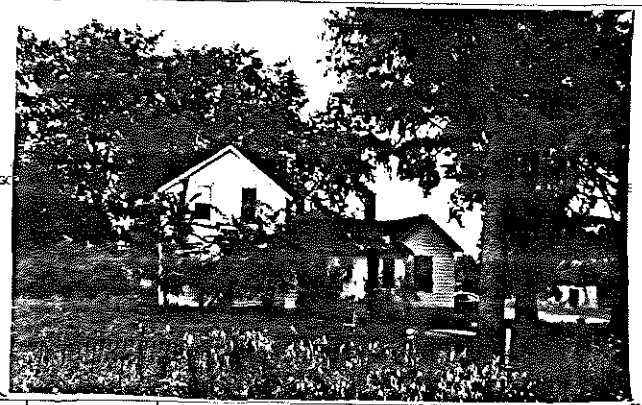
FRAME# <u>19</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>2</u>   <u>0</u>   <u>1</u>   or: _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbt: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____	Date: _____	

IL 422-0465





ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2154</u>	Town: <u>McHenry</u>	
N: <u>SW</u>	Sec: <u>23</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>20</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>11051</u> or <u>102</u>	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: <u>201</u> or _____ Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Clpbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
FRAME# <u>21</u>	Pres. Funct.: <u>Barn</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>201</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: <u>201</u> or _____ Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
BUILDING 3	<u>304</u> or <u>Brick silo</u>	Note: _____	
BUILDING 4	_____ or _____	Note: _____	



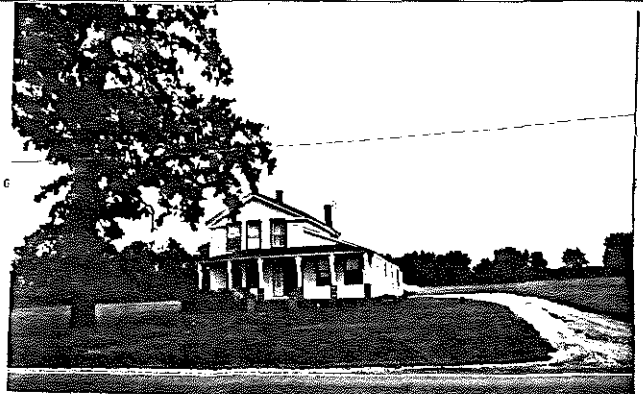
ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2155</u>	Town: <u>McHenry</u>	
N: <u>SE</u>	Sec: <u>23</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>22</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1110</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: <u>201</u> or _____ Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Clpbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
FRAME# <u>22</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>201</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: <u>201</u> or _____ Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
BUILDING 3	_____ or _____	Note: _____	
BUILDING 4	_____ or _____	Note: _____	





**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2156</u>	Town: <u>McHenry</u>
N: <u>SE</u>	Sec: <u>23</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mf Barns: <input type="checkbox"/> 3 Mf Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>23</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barr: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>116</u> or _____	Building TYPE	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vv Atr: <input type="checkbox"/> Adj., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vv Atr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: _____ Date: _____		



L 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2157</u>	Town: <u>McH</u>
N: <u>SE</u>	Sec: <u>23</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mf Barns: <input type="checkbox"/> 3 Mf Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>24</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barr: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>110</u> or _____	Building TYPE	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vv Atr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vv Atr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: _____ Date: _____		



L 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2159</u>	Town: <u>Bull Valley</u>
W: <u>SE</u>	Sec: <u>6</u>	TWP: <u>44N</u> Range: <u>SE</u>
Street: <u>1st Street</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



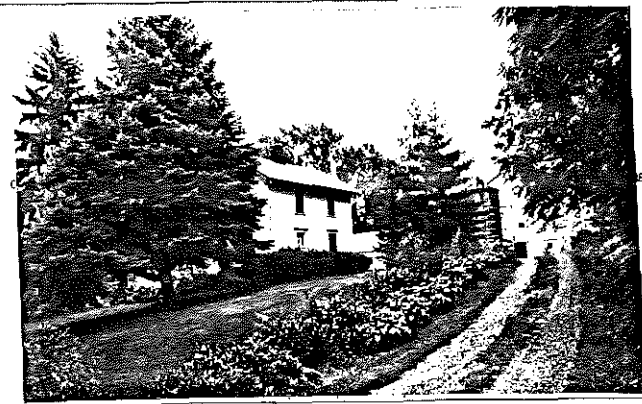
FRAME# <u>26</u>	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>1</u>   <u>0</u>   <u>0</u>   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alb: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____	Date: _____	

#1 BUILDING 2#	FRAME# _____	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
_____   _____   _____ or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alb: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____		

L 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2158</u>	Town: <u>Bull Valley</u>
W: <u>SW</u>	Sec: <u>6</u>	TWP: <u>45N</u> Range: <u>SE</u>
Street: <u>Bull Valley Rd</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>25</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>1</u>   <u>1</u>   <u>0</u>   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alb: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____	Date: _____	

#1 BUILDING 2#	FRAME# <u>25</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
_____   _____   _____ or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alb: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____		

L 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2150</u>	Town: <u>Bull Valley</u>	
W: <u>SW</u>	Sec: <u>6</u>	TWP: <u>44N</u>	Range: <u>8E</u>
Street: <u>Cherry Valley Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>27</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size: _____
<u>1 1/2</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> <u>2 1/2</u> 2+: <input type="checkbox"/>	Building TYPE: <u>205</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: _____
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation: _____
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof: _____
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vt. Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period: _____
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3: _____ or _____ Note: _____
Bibliography and further notes on Reverse	BUILDING 4: _____ or _____ Note: _____
Surveyed by: _____ Date: _____	



IL 422-0466

**ILLINOIS RURAL SURVEY**

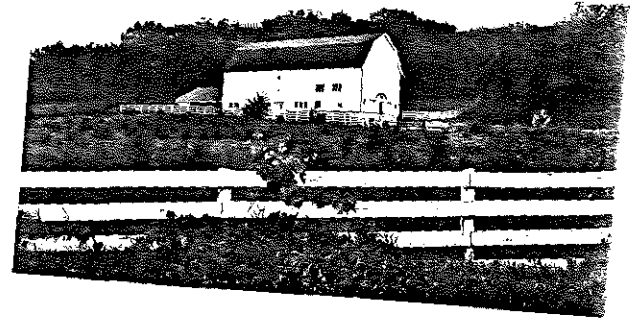
County: <u>McH</u>	Site #: <u>2161</u>	Town: <u>Bull Valley</u>	
W: <u>NW</u>	Sec: <u>7</u>	TWP: <u>44N</u>	Range: <u>8E</u>
Street: <u>Cherry Valley Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>29</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size: _____
<u>1 1/2</u> or <u>Georgian</u> Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____ or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Siding material: _____
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation: _____
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Unknown</u>	Roof: _____
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vt. Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period: _____
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3: _____ or _____ Note: _____
Bibliography and further notes on Reverse	BUILDING 4: _____ or _____ Note: _____
Surveyed by: _____ Date: _____	



IL 422-0466



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ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2163</u>	Town: <u>Bull Valley</u>	
N: <u>SW</u>	Sec: <u>7</u>	TWP: <u>44N</u>	Range: <u>9E</u>
Street: <u>Cherry Valley Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crbs: <input type="checkbox"/> 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>32</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1115</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input checked="" type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbt: <input type="checkbox"/> Weather: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Cobblestone</u>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input checked="" type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Aht: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input checked="" type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0485

ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2162</u>	Town: <u>Bull Valley</u>	
N: <u>NW</u>	Sec: <u>7</u>	TWP: <u>46 44N</u>	Range: <u>8E</u>
Street: <u>Mason Hill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crbs: <input type="checkbox"/> 1: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input checked="" type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>30</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1104</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input checked="" type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbt: <input type="checkbox"/> Weather: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Aht: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0485

Very unique - Dickensy House - has no square corners  
Cupola missing. House on National Register.



Irwellton House - <sup>House</sup> On Natl Register already  
Historic importance of other  
buildings - unknown



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2164</u>	Town: <u>Bull Valley</u>
V: <u>SW</u>	Sec: <u>18</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Crystal Springs Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib: 1: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



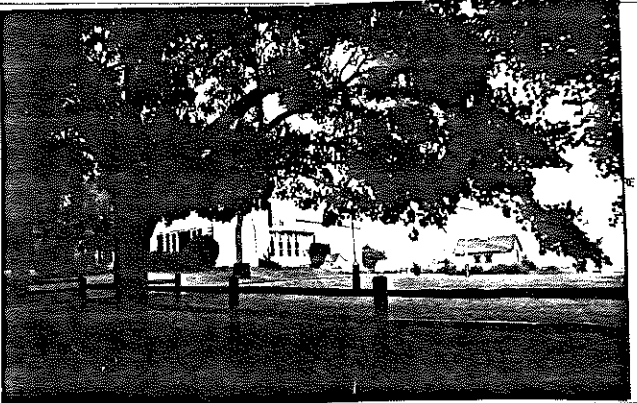
FRAME# <u>33</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>102</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE <u>205</u> or _____
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wh Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alb: <input type="checkbox"/> Vy Alb: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____	Date: _____	

FRAME# <u>34</u>	Pres. Funct.: <u>Barn</u>	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>205</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE <u>205</u> or _____
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wh Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alb: <input type="checkbox"/> Vy Alb: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____	Date: _____	

I. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2165</u>	Town: <u>Bull Valley</u>
V: <u>NE</u>	Sec: <u>18</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Crystal Springs Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input checked="" type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



FRAME# <u>35</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>102</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE <u>201</u> or _____
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wh Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alb: <input checked="" type="checkbox"/> Vy Alb: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____	Date: _____	

FRAME# <u>35</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>201</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE <u>201</u> or _____
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wh Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alb: <input checked="" type="checkbox"/> Vy Alb: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____	Date: _____	

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Square nails used.

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2166</u>	Town: <u>Bull Valley</u>	
W: <u>SE</u>	Sec: <u>18</u>	TWP: <u>44N</u>	Range: <u>8E</u>
Street: <u>Crystal Springs Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
TO BE HERE			
FRAME# <u>1</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>		FRAME# <u>2</u> Pres. Funct.: <u>Barn</u> Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		Condition/use/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	
1   1   1   or: Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE: 2   0   1   or: Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		Structure: Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Clpbd: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		Siding material: Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		Roof: Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		Roof Material: Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input checked="" type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>		Integrity: Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>		Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	
Bibliography and further notes on Reverse		BUILDING 3: _____ or _____ Note: _____	
		BUILDING 4: _____ or _____ Note: _____	
Surveyed by: _____ Date: _____			



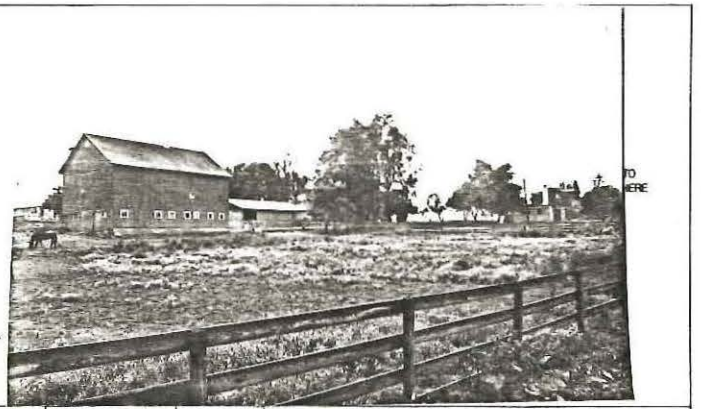
IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2167</u>	Town: <u>Bull Valley</u>	
W: <u>SW</u>	Sec: <u>17</u>	TWP: <u>44N</u>	Range: <u>8E</u>
Street: <u>Crystal Springs Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
TO BE HERE			
FRAME# <u>1</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>		FRAME# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		Condition/use/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	
1   1   1   or: Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE: _____ or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input checked="" type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>		Siding material: Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>		Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		Roof Material: Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>		Integrity: Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input checked="" type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>		Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	
Bibliography and further notes on Reverse		BUILDING 3: _____ or _____ Note: _____	
		BUILDING 4: _____ or _____ Note: _____	
Surveyed by: _____ Date: _____			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2166</u>	Town: <u>Bull Valley</u>	
W: <u>SE</u>	Sec: <u>18</u>	TWP: <u>44N</u>	Range: <u>SE</u>
Street: <u>Crystal Springs Pk.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>101</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1</u>   <u>0</u>   <u>1</u> or _____	Building TYPE		
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input checked="" type="checkbox"/> Vy Alt: <input type="checkbox"/> Addl. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



TO  
HERE

IL 422-6465

*on page*  
*Possibly site 16 of 1872 atlas*

*Cameron Mogg*

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2167</u>	Town: <u>Bull Valley</u>	
W: <u>SW</u>	Sec: <u>17</u>	TWP: <u>44N</u>	Range: <u>SE</u>
Street: <u>Crystal Springs Pk.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>1</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1</u>   <u>1</u>   <u>1</u> or _____	Building TYPE		
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input type="checkbox"/> Masonry: <input checked="" type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Addl. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input checked="" type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



TO  
HERE

IL 422-6465



House: 1847

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2267</u>	Town: <u>Bull Valley</u>
Vc: <u>SW</u>	Sec: <u>5</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Bull Valley Rd.</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____		

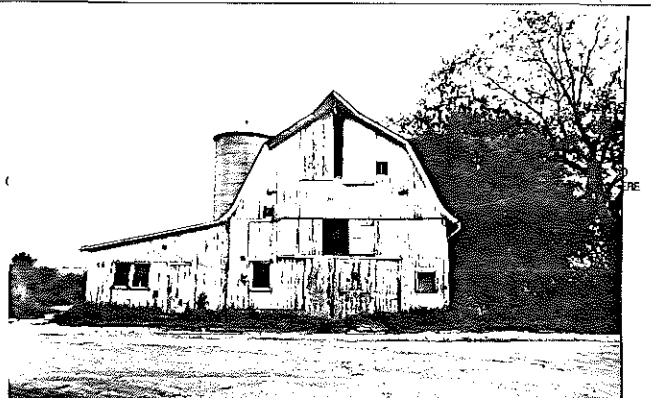


FRAME# <u>5</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>1</u>   <u>0</u>   <u>2</u>   or: _____   Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	<u>2</u>   <u>0</u>   <u>5</u>   or: _____   Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vv. Afd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vv. Afd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
BUIDING 3: <u>2</u>   <u>0</u>   <u>0</u>   or: <u>(104)</u>   Note: <u>Don't Survey</u>		
BUIDING 4: _____   _____   _____   or: _____   Note: _____		
Surveyed by: _____ Date: _____		

IL 422-0485

**ILLINOIS RURAL SURVEY**

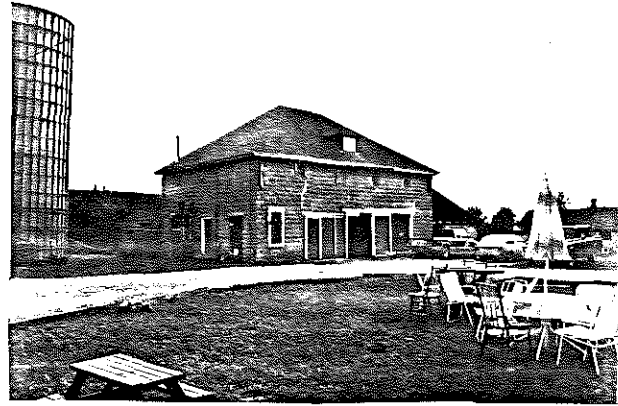
County: <u>McH</u>	Site #: <u>2268</u>	Town: <u>Bull Valley</u>
Vc: <u>SW</u>	Sec: <u>5</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Bull Valley Rd.</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



FRAME# <u>10</u>	Pres. Funct.: <u>Barn</u>	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>2</u>   <u>0</u>   <u>5</u>   or: _____   Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____   _____   _____   or: _____   Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vv. Afd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vv. Afd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
BUIDING 3: _____   _____   _____   or: _____   Note: _____		
BUIDING 4: _____   _____   _____   or: _____   Note: _____		
Surveyed by: _____ Date: _____		

IL 422-0485





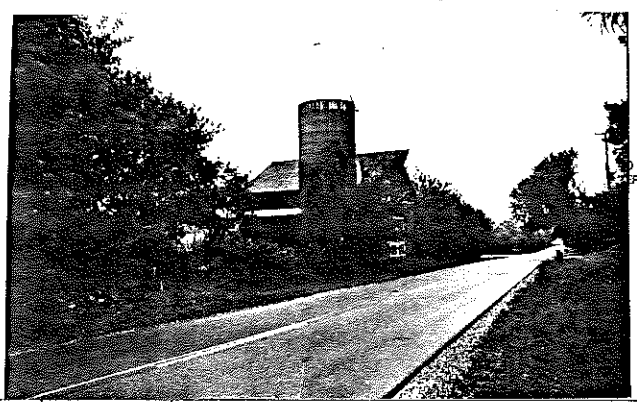
### ILLINOIS RURAL SURVEY

County: <u>McH</u>		Site #: <u>2165</u>		Town: <u>Bull Valley</u>							
W: <u>SW</u>		Sec: <u>17</u>		TWP: <u>44N</u> Range: <u>SE</u>							
Street: <u>Crystal Springs Rd</u>				Street View: <input checked="" type="checkbox"/>							
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>											
FARMSTEAD <input type="checkbox"/>											
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>											
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>											
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>											
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____											
FRAME# <u>2</u> Pres. Fund: <u>Historic</u> Same? <input type="checkbox"/>											
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			#1 BUILDING 2#								
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>			Original Function								
1 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> or _____			Condition/Use/Size								
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			Building TYPE								
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			Structure								
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbest: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			Siding material								
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			Foundation								
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			Roof								
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			Roof Material								
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>			Integrity								
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>			Period								
Bibliography and further notes on Reverse			BUILDING 3								
			or _____			Note: _____					
			BUILDING 4			or _____			Note: _____		
			or _____			Note: _____					
Surveyed by: _____ Date: _____											



### ILLINOIS RURAL SURVEY

County: <u>McH</u>		Site #: <u>2167</u>		Town: <u>Bull Valley</u>							
W: <u>SW</u>		Sec: <u>17</u>		TWP: <u>44N</u> Range: <u>SE</u>							
Street: <u>Crystal Springs Rd</u>				Street View: <input checked="" type="checkbox"/>							
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>											
FARMSTEAD <input type="checkbox"/>											
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input checked="" type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>											
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>											
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>											
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____											
FRAME# <u>4</u> Pres. Fund: <u>Barn</u> Same? <input type="checkbox"/>											
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			#1 BUILDING 2#								
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>			Original Function								
2 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> or _____			Condition/Use/Size								
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			Building TYPE								
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			Structure								
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbest: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			Siding material								
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			Foundation								
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			Roof								
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			Roof Material								
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			Integrity								
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>			Period								
Bibliography and further notes on Reverse			BUILDING 3								
			or _____			Note: _____					
			BUILDING 4			or _____			Note: _____		
			or _____			Note: _____					
Surveyed by: _____ Date: _____											





**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2218</u>	Town: <u>Bull Valley</u>	
W: <u>NW</u>	Sec: <u>7</u>	TWP: <u>44N</u>	Range: <u>SE</u>
Street: <u>Bull Valley Draper Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	w/1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>					
<u>NOB</u> or _____	Building TYPE: _____ or _____					
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure: _____					
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material: _____					
Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input checked="" type="checkbox"/>	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>					
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____					
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>					
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>					
Bibliography and further notes on Reverse			BUILDING 3: _____ or _____ Note: _____			
Surveyed by: _____ Date: _____			BUILDING 4: _____ or _____ Note: _____			



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IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2270</u>	Town: <u>Bull Valley</u>	
W: <u>NE</u>	Sec: <u>6</u>	TWP: <u>44N</u>	Range: <u>SE</u>
Street: <u>Bull Valley Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>8</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	w/1 BUILDING 2#	FRAME# <u>8</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>					
<u>1 D</u> or _____	Building TYPE: <u>2 10 5</u> or _____					
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure: _____					
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material: _____					
Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>					
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>					
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____					
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>					
1700-1799: <input type="checkbox"/> 1800-1899: <input checked="" type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1899: <input checked="" type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>					
Bibliography and further notes on Reverse			BUILDING 3: _____ or _____ Note: _____			
Surveyed by: _____ Date: _____			BUILDING 4: _____ or _____ Note: _____			



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IL 422-0465

House: 1840  
Barn: 1939

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2170 Town: Bull Valley  
 W: SW Sec: 17 TWP: 44N Range: 8E  
 Street: Crescent Springs Pl. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1  2  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 45 Pres. Funct.: Residence Same?

Residence:  Outbuilding  Public  Commercial  Barn  Industrial  Structural  Religious   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
11/6 or: \_\_\_\_\_ Stones, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry  Pole  Log  Other: \_\_\_\_\_  
 Clabd:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:  Unfinished  
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Atr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

#1 BUILDING 2# FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: Residence  Outbuilding  Public  Commercial  Barn  Industrial  Structural  Religious   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stones, 1:  1-1/2:  2:  2+:   
 Structure: Frame  Masonry  Pole  Log  Other: \_\_\_\_\_  
 Siding material: Clabd:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good  Fair:  Atr:  Vy Atr:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2171 Town: Bull Valley  
 W: NW Sec: 17 TWP: 44N Range: 8E  
 Street: Crescent Springs Pl. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House: 2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1  2  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 96 Pres. Funct.: Barn Same?

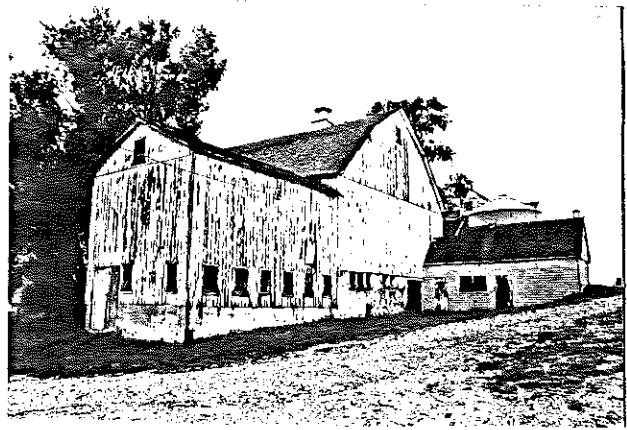
Residence:  Outbuilding  Public  Commercial  Barn  Industrial  Structural  Religious   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
205 or 201 or: \_\_\_\_\_ Stones, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry  Pole  Log  Other: \_\_\_\_\_  
 Clabd:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Atr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

#1 BUILDING 2# FRAME# 102 Pres. Funct.: Residence Same?

Original Function: Residence:  Outbuilding  Public  Commercial  Barn  Industrial  Structural  Religious   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: 102 or: \_\_\_\_\_ Stones, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry  Pole  Log  Other: \_\_\_\_\_  
 Siding material: Clabd:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:  (Recent)  
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Atr:  Vy Atr:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

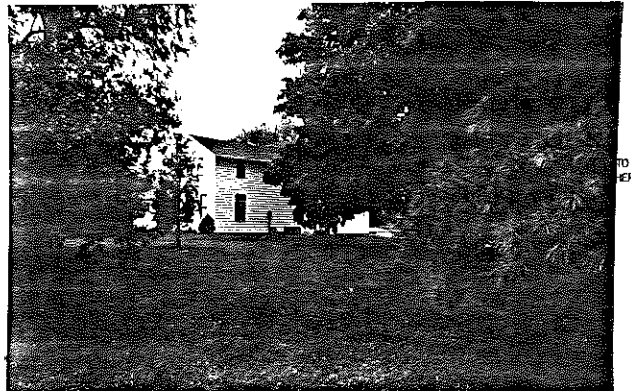
IL 422-0465

House: 1837



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2172</u>	Town: <u>Crystal Lake</u>
W: <u>SE</u>	Sec: <u>17</u>	TWP: <u>44N</u> Range: <u>SE</u>
Street: <u>Crystal Springs Rd.</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		

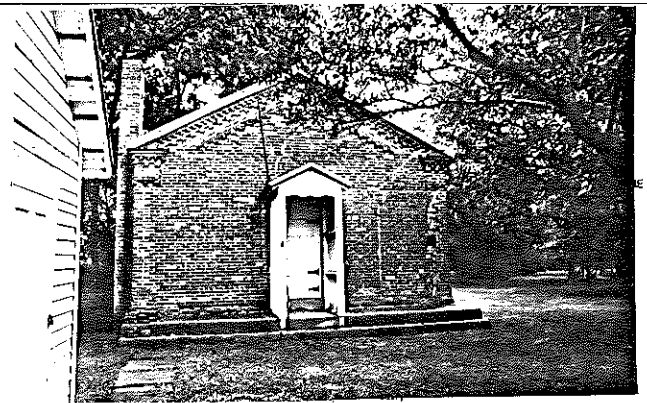


FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>1102</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vj Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vj Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		Note: _____
Surveyed by: _____ Date: _____	BUILDING 4	Note: _____

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2173</u>	Town: <u>Crystal Lake</u>
W: <u>SE</u>	Sec: <u>17</u>	TWP: <u>44N</u> Range: <u>SE</u>
Street: <u>Crystal Springs Rd.</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



FRAME# <u>9</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>402</u> or _____	Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input type="checkbox"/> Masonry: <input checked="" type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame <input type="checkbox"/> Masonry: <input checked="" type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vj Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vj Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input checked="" type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		Note: _____
Surveyed by: _____ Date: _____	BUILDING 4	Note: _____

IL 422-0485

1858; Holcombville School

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2273</u>	Town: <u>McHenry</u>
W: <u>NW</u>	Sec: <u>32</u>	TWP: <u>45N</u> Range: <u>3E</u>
Street: <u>Droper Rd</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

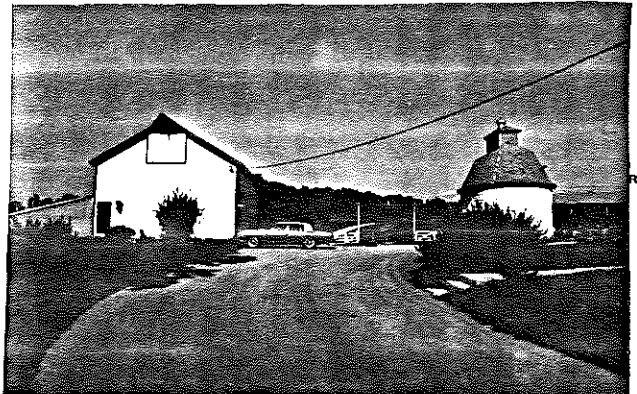
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mf Barns:  3 Mf Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainry:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>11</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Use/Size	
<u>201</u> or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____ Date: _____		

FRAME# <u>11</u>	Pres. Funct.: <u>Corn Crib</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input checked="" type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Use/Size	
<u>201</u> or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____ Date: _____		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2274</u>	Town: <u>McHenry</u>
W: <u>NW</u>	Sec: <u>32</u>	TWP: <u>45N</u> Range: <u>3E</u>
Street: <u>Droper Rd</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mf Barns:  3 Mf Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainry:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>12</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Use/Size	
<u>101</u> or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____ Date: _____		

FRAME# <u>12</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Use/Size	
<u>201</u> or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____ Date: _____		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>MtH</u>	Site #: <u>2174</u>	Town: <u>Crystal Lake</u>	
W: <u>NE</u>	Sec: <u>20</u>	TWP: <u>44N</u>	Range: <u>8E</u>
Street: <u>Walkup Rd.</u>		Street View: <u>SE</u>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>11</u>	Pres. Funct.: <u>Residence (Primary)</u>	Same? <input checked="" type="checkbox"/>	≠ BUILDING 2# _____
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
<u>10/1</u> or _____	Building TYPE: _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: _____		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof: _____		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vv. Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: _____		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

**ILLINOIS RURAL SURVEY**

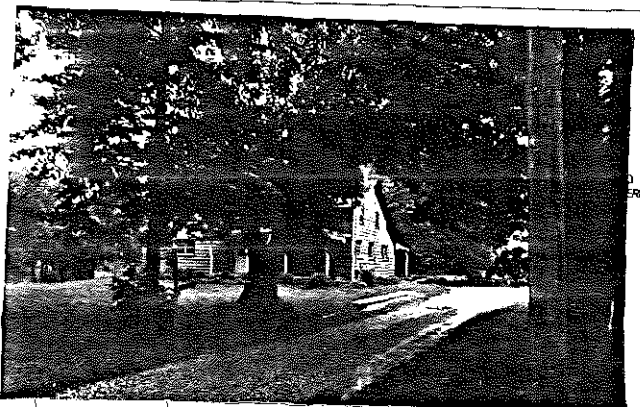
County: <u>MtH</u>	Site #: <u>2175</u>	Town: <u>Crystal Lake</u>	
W: <u>R10</u>	Sec: <u>20</u>	TWP: <u>44N</u>	Range: <u>8E</u>
Street: <u>Walkup Rd.</u>		Street View: <u>R</u>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>11</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	≠ BUILDING 2# _____
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
<u>10/1</u> or _____	Building TYPE: _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: _____		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof: _____		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vv. Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: _____		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2176</u>	Town: <u>Crystal Lake</u>	
W: <u>SE</u>	Sec: <u>17</u>	TWP: <u>4-1-N</u>	Range: <u>8E</u>
Street: <u>Walkers Dr</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
<p style="text-align: center;">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mr Barns: <input type="checkbox"/> 3 Mr Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>12</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
<u>1031</u> or _____	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____ or _____		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation: Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy. Altd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy. Altd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
BUILDING 3		BUILDING 4	



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2177</u>	Town: <u>Crystal Lake</u>	
W: <u>NE</u>	Sec: <u>20</u>	TWP: <u>4-1-N</u>	Range: <u>8E</u>
Street: <u>Walkers Dr</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
<p style="text-align: center;">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mr Barns: <input type="checkbox"/> 3 Mr Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>13</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
<u>11014</u> or <u>108 in rear</u>	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____ or _____		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation: Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy. Altd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy. Altd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
BUILDING 3		BUILDING 4	



**ILLINOIS RURAL SURVEY**

County: McH Site #: 2178 Town: Crystal Lake  
 W: NE Sec: 20 TWP: 44N Range: 7E  
 Street: Walkup Rd Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 14 Pres. Funct.: Residence Same?  #1 BUILDING 2# \_\_\_\_\_ Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Original Function: \_\_\_\_\_  
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Condition/Use/Size: \_\_\_\_\_  
2 | 0 | 5 or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Building TYPE: \_\_\_\_\_  
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: \_\_\_\_\_  
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: \_\_\_\_\_  
 Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alt:  Add. Major:  Minor:   
 Integrity: \_\_\_\_\_  
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Period: \_\_\_\_\_  
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?  #1 BUILDING 2# \_\_\_\_\_ Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Original Function: \_\_\_\_\_  
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Condition/Use/Size: \_\_\_\_\_  
 Building TYPE: \_\_\_\_\_  
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: \_\_\_\_\_  
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: \_\_\_\_\_  
 Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alt:  Add. Major:  Minor:   
 Integrity: \_\_\_\_\_  
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Period: \_\_\_\_\_  
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2179 Town: Crystal Lake  
 W: SE Sec: 20 TWP: 44N Range: 8E  
 Street: Walkup Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 15 Pres. Funct.: Residence Same?  #1 BUILDING 2# \_\_\_\_\_ Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Original Function: \_\_\_\_\_  
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Condition/Use/Size: \_\_\_\_\_  
1 | 0 | 2 or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Building TYPE: \_\_\_\_\_  
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: \_\_\_\_\_  
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: \_\_\_\_\_  
 Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alt:  Add. Major:  Minor:   
 Integrity: \_\_\_\_\_  
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Period: \_\_\_\_\_  
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?  #1 BUILDING 2# \_\_\_\_\_ Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Original Function: \_\_\_\_\_  
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Condition/Use/Size: \_\_\_\_\_  
 Building TYPE: \_\_\_\_\_  
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: \_\_\_\_\_  
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: \_\_\_\_\_  
 Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Alt:  Vy Alt:  Add. Major:  Minor:   
 Integrity: \_\_\_\_\_  
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Period: \_\_\_\_\_  
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2180</u>	Town: <u>Crystal Lake</u>
V: <u>NE</u>	Sec: <u>29</u>	TWP: <u>44N</u> Range: <u>SE</u>
Street: <u>Hillside Rd</u>		Street View: <input type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

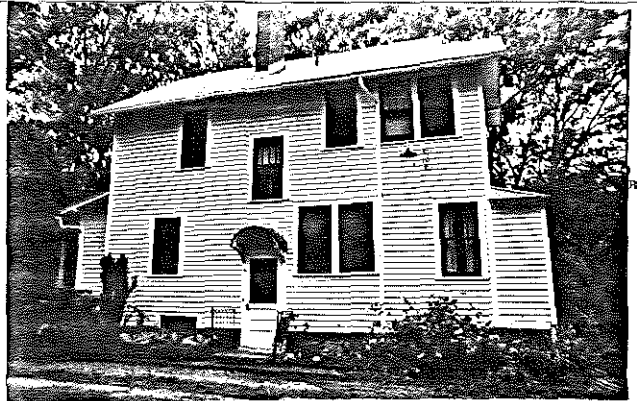
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# <u>10</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Status	
<u>10</u> or _____	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Abt: <input checked="" type="checkbox"/> Vt. Alkt: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____	Date: _____	

#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same ? <input type="checkbox"/>
Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Condition/Use/Status	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
Building TYPE	_____ or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>		
Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abt: <input type="checkbox"/> Vt. Alkt: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Note: _____	
BUILDING 4	_____ or _____	Note: _____	

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2181</u>	Town: <u>Crystal Lake</u>
V: <u>NE</u>	Sec: <u>29</u>	TWP: <u>44N</u> Range: <u>SE</u>
Street: <u>Hillside Rd</u>		Street View: <input type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# <u>17</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Status	
<u>17</u> or _____	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Abt: <input type="checkbox"/> Vt. Alkt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____	Date: _____	

#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same ? <input type="checkbox"/>
Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Condition/Use/Status	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
Building TYPE	_____ or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>		
Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abt: <input type="checkbox"/> Vt. Alkt: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Note: _____	
BUILDING 4	_____ or _____	Note: _____	

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2180</u>	Town: <u>Crispall Lake</u>	
W: <u>NW</u>	Sec: <u>29</u>	TWP: <u>44N</u>	Range: <u>8E</u>
Street: <u>Hillside Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



FRAME# <u>19</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	w/ BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>108</u> or: _____	Building TYPE _____		
Frame: <input type="checkbox"/> Masonry: <input checked="" type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

L 422-0465

**ILLINOIS RURAL SURVEY**

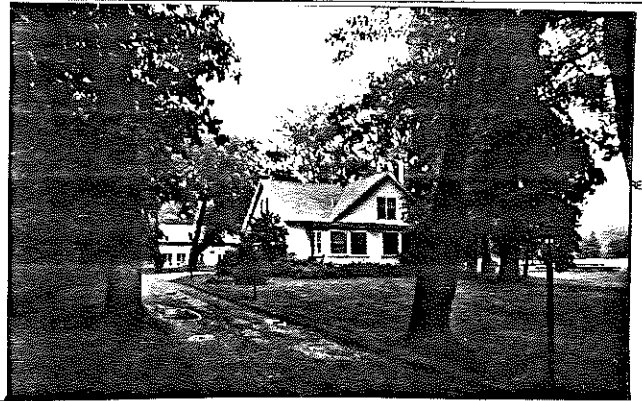
County: <u>McH</u>	Site #: <u>2183</u>	Town: <u>Crispall Lake</u>	
W: <u>NW</u>	Sec: <u>29</u>	TWP: <u>44N</u>	Range: <u>8E</u>
Street: <u>Hillside Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



FRAME# <u>19</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	w/ BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>107</u> or: _____	Building TYPE _____		
Frame: <input type="checkbox"/> Masonry: <input checked="" type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

L 422-0465

ILLINOIS RURAL SURVEY			
County: McH	Site #: 2184	Town: Crystal Lake	
W: NW	Sec: 29	TWP: 44N	Range: 8E
Street: Hillsdale Rd.		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# 20	Pres. Funct.: Residential	Same? <input checked="" type="checkbox"/>	=1 BUILDING 2=
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
105 or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: McH	Site #: 2185	Town: Crystal Lake	
W: NW	Sec: 29	TWP: 44N	Range: 8E
Street: Hillsdale Rd.		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# 21	Pres. Funct.: Residential	Same? <input checked="" type="checkbox"/>	=1 BUILDING 2=
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <i>Mch</i>	Site #: <i>2186</i>	Town: <i>Crystal Lake</i>	
W: <i>NW</i>	Sec: <i>29</i>	TWP: <i>44N</i>	Range: <i>SE</i>
Street: <i>Arlice Pl.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>21</i>	Pres. Funct.: <i>Residence</i>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<i>111</i> or _____	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <i>Mch</i>	Site #: <i>2187</i>	Town: <i>Crystal Lake</i>	
W: <i>SE</i>	Sec: <i>30</i>	TWP: <i>44N</i>	Range: <i>SE</i>
Street: <i>Oak Pl.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>25</i>	Pres. Funct.: <i>Barn</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<i>2105</i> or _____	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: <i>Wooden Shingles</i>	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

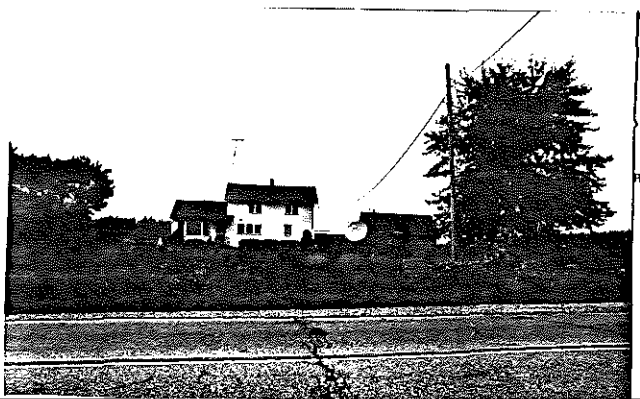


ILLINOIS RURAL SURVEY			
County: <u>MoH</u>	Site #: <u>2188</u>	Town: <u>Crested Lake</u>	
W: <u>SE</u>	Sec: <u>30</u>	TWP: <u>44N</u>	Range: <u>8E</u>
Street: <u>Oak Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>24</u>	Pres. Funct.: <u>Road-line</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input checked="" type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/size		
<u>10</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipcd: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>MoH</u>	Site #: <u>2189</u>	Town: <u>Riverwood</u>	
W: <u>SE</u>	Sec: <u>10</u>	TWP: <u>47N</u>	Range: <u>8E</u>
Street: <u>Rt-31</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>25</u>	Pres. Funct.: <u>Road-line</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/size		
<u>10</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	

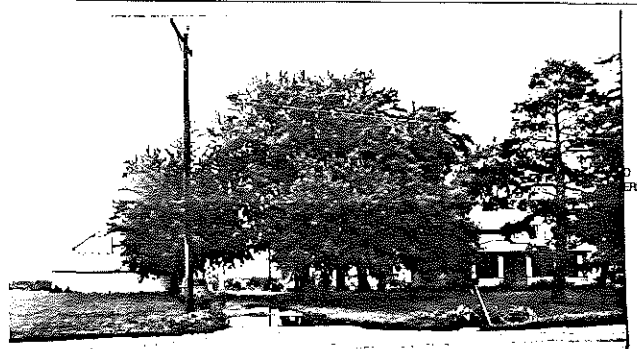


IL 422-0465



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2190</u>	Town: <u>Riverwood</u>
W: <u>NW</u>	Sec: <u>14</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments:		



FRAME# <u>26</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>1102</u> or _____	Building TYPE	<u>207</u> or _____
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

FRAME# <u>26</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>
<u>1102</u> or _____	Building TYPE	<u>207</u> or _____
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2191</u>	Town: <u>Johnsburg</u>
W: <u>SW</u>	Sec: <u>14</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments:		



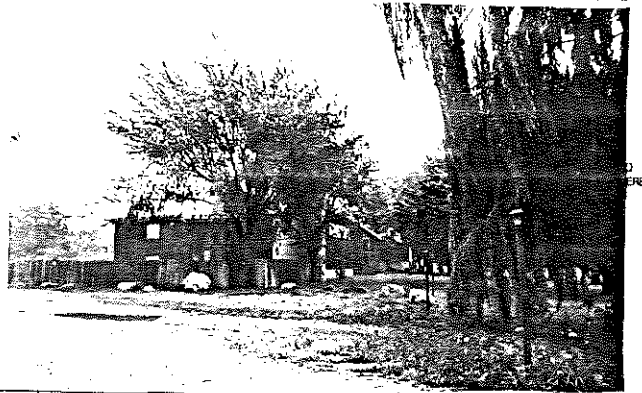
FRAME# <u>27</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>
<u>1101</u> or _____	Building TYPE	<u>1101</u> or _____
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

FRAME#	Pres. Funct.: _____	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
_____ or _____	Building TYPE	_____ or _____
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

IL 422-0465



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2192</u>	Town: <u>Johnsbury</u>	
V: <u>SW</u>	Sec: <u>14</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/> <u>110</u>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input checked="" type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>28</u>	Pres. Funct.: <u>Restaurant</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input checked="" type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>7</u> / <u>0</u> / <u>5</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input checked="" type="checkbox"/> Vy Atrd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2193</u>	Town: <u>Riverton</u>	
V: <u>SW</u>	Sec: <u>11</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Pioneer Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input checked="" type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>29</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1</u> / <u>0</u> / <u>4</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atrd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2194</u>	Town: <u>Ringwood</u>	
W: <u>SW</u>	Sec: <u>11</u>	TWP: <u>45N</u>	Range: <u>SE</u>
Street: <u>Pioneer Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			



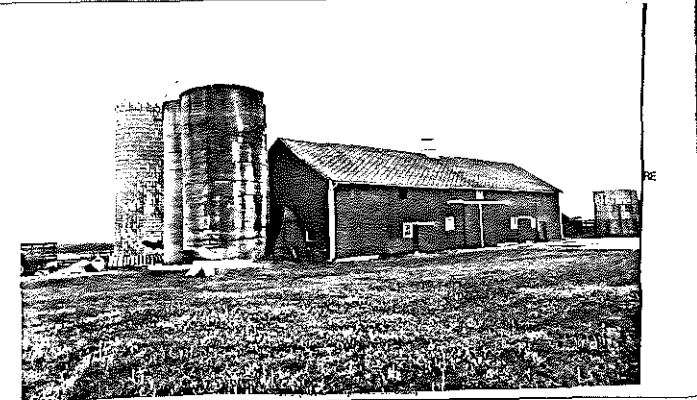
FRAME# <u>30</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>		Condition/Use/Size	
<u>1114</u>	or	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		Condition/Use/Size	
	or	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2195</u>	Town: <u>Ringwood</u>	
W: <u>SE</u>	Sec: <u>3</u>	TWP: <u>45N</u>	Range: <u>SE</u>
Street: <u>Pioneer/Ringwood Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input checked="" type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			



FRAME# <u>31</u>	Pres. Funct.: <u>Barn</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>		Condition/Use/Size	
<u>2011</u>	or	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		Condition/Use/Size	
	or	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2196</u>	Town: <u>Kingwood</u>	
Vic: <u>SE</u>	Sec: <u>3</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Pioneer/Kingwood Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input checked="" type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



FRAME# <u>32</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function _____	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size _____	
<u>11'0"</u> or <u>103</u> Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure _____	
Cipol: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material _____	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation _____	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof _____	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period _____	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____ Date: _____		

FRAME# _____	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function _____	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size _____	
_____ or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE _____	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure _____	
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material _____	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation _____	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof _____	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material _____	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity _____	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period _____	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____ Date: _____		

IL 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2197</u>	Town: <u>Kingwood</u>	
Vic: <u>SE</u>	Sec: <u>3</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Pioneer/Kingwood Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input checked="" type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



FRAME# <u>33</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function _____	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size _____	
<u>11'0"</u> or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure _____	
Cipol: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material _____	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation _____	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof _____	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period _____	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____ Date: _____		

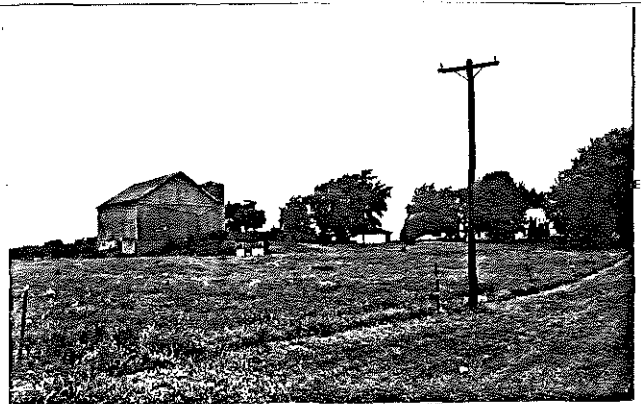
FRAME# <u>53</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function _____	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size _____	
_____ or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure _____	
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material _____	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation _____	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof _____	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity _____	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Period _____	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____ Date: _____		

IL 422-0455

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2198</u>	Town: <u>Ringwood</u>	
N: <u>NE</u>	Sec: <u>3</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Primer Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>24</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<u>1103</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2197</u>	Town: <u>Blount Ringwood</u>	
N: <u>NW</u>	Sec: <u>3</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Primer Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input checked="" type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input checked="" type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>25</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<u>2011</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY

County: <u>McH</u>	Site #: <u>2200</u>	Town: <u>Washington Colon Hill</u>	
V: <u>SW</u>	Sec: <u>34</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Plover Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input checked="" type="checkbox"/> 2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			



FRAME# <u>36</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	w/ BUILDING 2: <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size		
<u>103</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: <u>2011</u> or <u>211</u> Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wl. Shng: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shng: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shng: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND OTHER NOTES ON REVERSE		
Surveyed by: _____ Date: _____			

FRAME# <u>1</u>	Pres. Funct.: <u>Evon</u>	Same? <input checked="" type="checkbox"/>	w/ BUILDING 2: <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size		
<u>1011</u> or <u>211</u> Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: <u>2011</u> or <u>211</u> Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wl. Shng: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shng: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shng: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND OTHER NOTES ON REVERSE		
Surveyed by: _____ Date: _____			

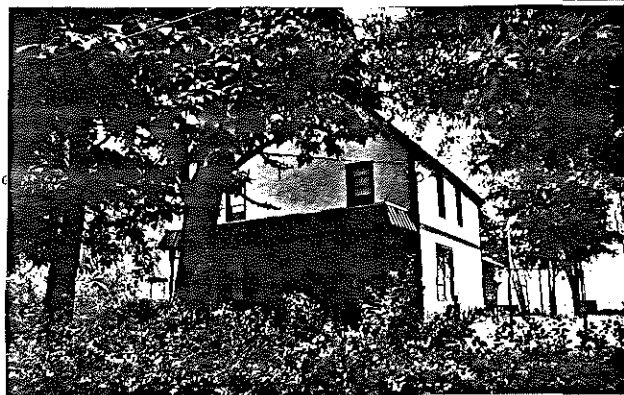


Barn : 1904  
House : 1939

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2201</i>	Town: <i>Richmond Solon Mills</i>	
W: <i>SE</i>	Sec: <i>28</i>	TWP: <i>46N</i>	Range: <i>SE</i>
Street: <i>Pioneer Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input checked="" type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <i>2</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size		
<i>102</i> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <i>201</i> or _____		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/> <i>Imitation Brick Covering</i>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse		BUILDING 3	
Surveyed by: _____ Date: _____		or _____ Note: _____	
		BUILDING 4	
		or _____ Note: _____	



ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2203</i>	Town: <i>Richmond</i>	
W: <i>NE</i>	Sec: <i>28</i>	TWP: <i>46N</i>	Range: <i>SE</i>
Street: <i>Rt. 31</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>4</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size		
<i>1103</i> or <i>Gable Front</i>	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE _____ or _____		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/> <i>Stucco</i>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input checked="" type="checkbox"/> Vy Alt: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse		BUILDING 3	
Surveyed by: _____ Date: _____		or _____ Note: _____	
		BUILDING 4	
		or _____ Note: _____	



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2202</u>	Town: <u>Salem Park</u>	
W: <u>NE</u>	Sec: <u>28</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Richman Pl.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>3</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		
<u>11021</u>	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation _____		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof _____		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Roof Material _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period _____		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2204</u>	Town: <u>Richmond</u>	
W: <u>NE</u>	Sec: <u>28</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>5</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		
<u>2051</u>	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE _____		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation _____		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: <u>Unusual ventilators</u>	Roof _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material _____		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period _____		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2205</u>	Town: <u>Richmond</u>	
W: <u>SE</u>	Sec: <u>21</u>	TWP: <u>46N</u>	Range: <u>9E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Home: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>6</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1104</u> or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse		BUILDING 3	
Surveyed by: _____ Date: _____		BUILDING 4	



422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2204</u>	Town: <u>Richmond</u>	
W: <u>NE</u>	Sec: <u>22</u>	TWP: <u>46N</u>	Range: <u>9E</u>
Street: <u>Kuhn Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Home: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1108</u> or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse		BUILDING 3	
Surveyed by: _____ Date: _____		BUILDING 4	



422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2207</i>	Town: <i>Richmond</i>
W: <i>NW</i>	Sec: <i>23</i>	TWP: <i>46N</i> Range: <i>8E</i>
Street: <i>North John Rd.</i>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

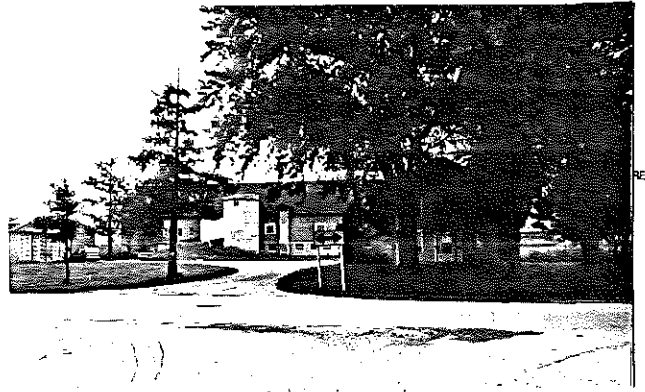
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <i>8</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<i>100</i> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____		

FRAME# <i>8</i>	Pres. Funct.: <i>Barn</i>	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<i>205</i> or <i>211</i> Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input checked="" type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2208</i>	Town: <i>Richmond</i>
W: <i>NE</i>	Sec: <i>22</i>	TWP: <i>46N</i> Range: <i>8E</i>
Street: <i>North John Rd.</i>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

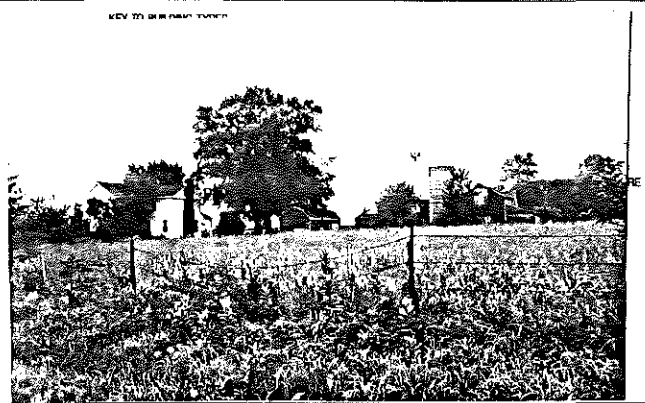
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <i>9</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<i>100</i> or <i>102</i> Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____		

FRAME# <i>9</i>	Pres. Funct.: <i>Barn</i>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/use/size	
<i>20</i> or <i>1</i> Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site # <u>2209</u>	Town: <u>Richmond</u>	
W: <u>SE</u>	Sec: <u>15</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>North Eden Rd</u>		Street View: <input checked="" type="checkbox"/>	

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses  1 Major Barn  2 My Barns  3 My Barns  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



OTO HERE

FRAME# <u>10</u>	Pres. Funct.: <u>Residential</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size		
<u>110/2</u> or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____		

FRAME# <u>10</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size		
<u>20/1</u> or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____		

I. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site # <u>2210</u>	Town: <u>Richmond</u>	
W: <u>SE</u>	Sec: <u>15</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>North Eden Rd</u>		Street View: <input checked="" type="checkbox"/>	

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses  1 Major Barn  2 My Barns  3 My Barns  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



OTO HERE

FRAME# <u>11</u>	Pres. Funct.: <u>Residential</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size		
<u>11/1</u> or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____		

FRAME# <u>11</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size		
<u>20/5</u> or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____		

I. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2211</u>	Town: <u>Richmond</u>
W: <u>SW</u>	Sec: <u>14</u>	TWP: <u>46N</u> Range: <u>8E</u>
Street: <u>North Solon Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# <u>12</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>1021</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hippec: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hippec: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____	BUILDING 4	

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2212</u>	Town: <u>Richmond</u>
W: <u>SW</u>	Sec: <u>15</u>	TWP: <u>46N</u> Range: <u>8E</u>
Street: <u>Hill Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# <u>13</u>	Pres. Funct.: <u>Residence</u>	Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>11021</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hippec: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hippec: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____	BUILDING 4	

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2213</u>	Town: <u>Richmond</u>	
V: <u>SW</u>	Sec: <u>15</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>HW R.R.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>14</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	=1 BUILDING 2=
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1 1 1</u> or _____	Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: <u>20'6"</u> or _____		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



L 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2214</u>	Town: <u>Richmond</u>	
V: <u>NW</u>	Sec: <u>15</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>HW R.R.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>15</u>	Pres. Funct.: <u>Barin</u>	Same? <input checked="" type="checkbox"/>	=1 BUILDING 2=
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>20'7"</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



L 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2215</u>	Town: <u>Richmond</u>	
W: <u>NW</u>	Sec: <u>5</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>4120 Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
<p style="text-align: center;">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments:			
FRAME# <u>16</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1104</u> or _____	Building TYPE		
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Cipbt: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vv Atr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse	BUILDING 3		
Surveyed by: _____	Date: _____		
	BUILDING 4		

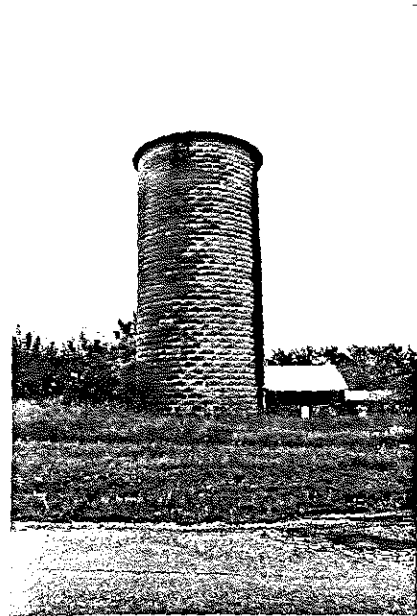


# 422-0463

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2216</u>	Town: <u>Richmond</u>	
W: <u>NE</u>	Sec: <u>16</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>4120 Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
<p style="text-align: center;">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments:			
FRAME# <u>17</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1104</u> or <u>115</u>	Building TYPE		
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Cipbt: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vv Atr: <input type="checkbox"/> Adj., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse	BUILDING 3		
Surveyed by: _____	Date: _____		
	BUILDING 4		



# 422-0463



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2217</u>	Town: <u>Richmond</u>	
W: <u>16W</u>	Sec: <u>14</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>North John Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input checked="" type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>19</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size		
<u>10</u> <u>2</u> or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Siding material		
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Foundation		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Roof			
Roof Material			
Integrity			
Period			
BUILDING 3			
BUILDING 4			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2218</u>	Town: <u>Richmond</u>	
W: <u>SE</u>	Sec: <u>10</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>North John Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>20</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size		
<u>10</u> <u>2</u> or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Siding material		
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Foundation		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Roof			
Roof Material			
Integrity			
Period			
BUILDING 3			
BUILDING 4			



IL 422-0465



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2219</u>	Town: <u>Richmond</u>	
W: <u>NE</u>	Sec: <u>19</u>	TWP: <u>41N</u>	Range: <u>SE</u>
Street: <u>Clark Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input checked="" type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>21</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size		
<u>11021</u> or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <u>201</u> or: _____		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2220</u>	Town: <u>Spring Grove</u>	
W: <u>SE</u>	Sec: <u>19</u>	TWP: <u>41N</u>	Range: <u>SE</u>
Street: <u>Clark Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>32</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size		
<u>1102</u> or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE _____ or: _____		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>Asph/stone</u>	Foundation		
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2221</u>	Town: <u>Spring Grove</u>	
W: <u>NE 8</u>	Sec: <u>23</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Clark Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
<p style="text-align: center;">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>23</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1102</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2222</u>	Town: <u>Spring Grove</u>	
W: <u>SE</u>	Sec: <u>23</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>East Solon Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
<p style="text-align: center;">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>24</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>116</u> or <u>102</u>	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>R223</u>	Town: <u>Lolon Mills</u>	
W: <u>NW</u>	Sec: <u>27</u>	TWP: <u>56N</u>	Range: <u>9E</u>
Street: <u>West Lolon Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>25</u>	Pres. Funct.: <u>Wool House</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input checked="" type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>10</u> or _____	Building TYPE <u>3/5</u> or _____		
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <u>1/2 in. masonry</u>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Roof		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Roof Material		
Bibliography and further notes on Reverse			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>			
Period			
BUILDING 3			
BUILDING 4			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2224</u>	Town: <u>Richmond</u>	
W: <u>NE</u>	Sec: <u>33</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>26</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>10</u> or _____	Building TYPE <u>20</u> or _____		
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Roof		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Roof Material		
Bibliography and further notes on Reverse			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Period			
BUILDING 3			
BUILDING 4			

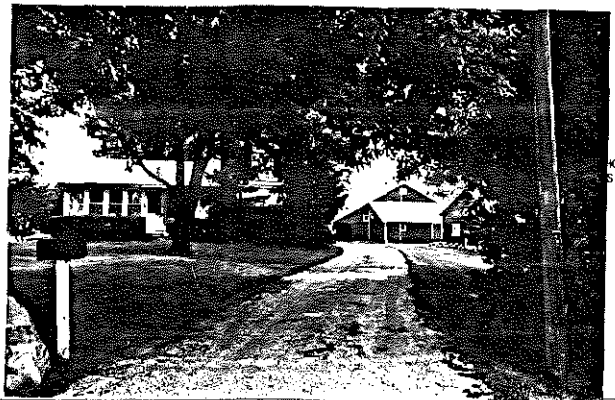


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IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2225</u>	Town: <u>Richmond</u>
N: <u>NE</u>	Sec: <u>32</u>	TWP: <u>46N</u> Range: <u>8E</u>
Street: <u>Harts Rd.</u>		Street View: <input type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

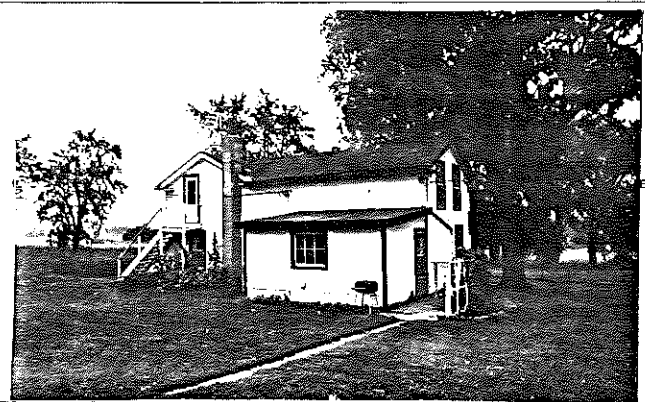
**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# <u>27</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>102</u> or: _____	Building TYPE <u>200</u> or: _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3 <u>2011</u> or: _____ Note: <u>Frame 28</u>	
Bibliography and further notes on Reverse	BUILDING 4 _____ or: _____ Note: _____	
Surveyed by: _____ Date: _____		

FRAME# <u>28</u>	Pres. Funct.: <u>Barn</u>	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>100</u> or: _____	Building TYPE <u>200</u> or: _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3 <u>2011</u> or: _____ Note: <u>Frame 28</u>	
Bibliography and further notes on Reverse	BUILDING 4 _____ or: _____ Note: _____	
Surveyed by: _____ Date: _____		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2226</u>	Town: <u>Richmond</u>
N: <u>NE</u>	Sec: <u>32</u>	TWP: <u>46N</u> Range: <u>8E</u>
Street: <u>Harts Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

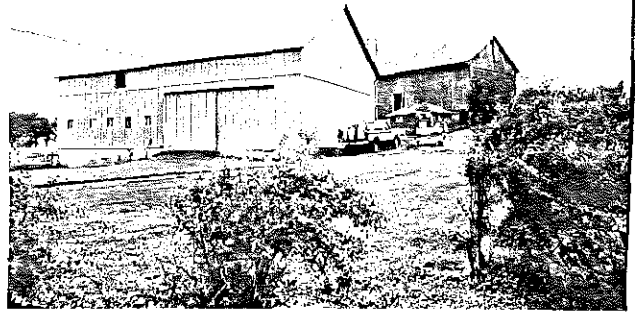
Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# <u>29</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>101</u> or: _____	Building TYPE <u>200</u> or: _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3 _____ or: _____ Note: _____	
Bibliography and further notes on Reverse	BUILDING 4 _____ or: _____ Note: _____	
Surveyed by: _____ Date: _____		

FRAME# <u>29</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>101</u> or: _____	Building TYPE <u>200</u> or: _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3 _____ or: _____ Note: _____	
Bibliography and further notes on Reverse	BUILDING 4 _____ or: _____ Note: _____	
Surveyed by: _____ Date: _____		

IL 422-0465



ILLINOIS RURAL SURVEY			
County: <u>Mch</u>	Site #: <u>2227</u>	Town: <u>Rushmore</u>	
V: <u>SE</u>	Sec: <u>32</u>	TWP: <u>46N</u>	Range: <u>3E</u>
Street: <u>Harts Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/> House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input checked="" type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input checked="" type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>30</u>	Pres. Funct.: <u>Business</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size		
<u>10</u>   <u>1</u>   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Addl, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____		



TO  
HERE

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>Mch</u>	Site #: <u>2228</u>	Town: <u>Rushmore</u>	
V: <u>NW</u>	Sec: <u>39</u>	TWP: <u>46N</u>	Range: <u>3E</u>
Street: <u>45th by 26th Harts Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>31</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size		
<u>10</u>   <u>1</u>   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Addl, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____		



TO  
HERE

IL 422-0465

BIRTH: 1903      MCHD - Renovated to meeting room  
HOUSE: Turn of the Century

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**ILLINOIS RURAL SURVEY**

County: McH Site #: 2029 Town: Spring Grove  
 W: SE Sec: 37 TWP: 46N Range: 8E  
 Street: South Dolomite Street View:

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 32 Pres. Funct.: Barn Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
2013 or 211 Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:

Bibliography and further notes on Reverse

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/use/size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: 2011 or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:  ?  
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0455

**ILLINOIS RURAL SURVEY**

County: McH Site #: 8230 Town: Ransom  
 W: NW Sec: 2 TWP: 45N Range: 8E  
 Street: South John Rd. Street View:

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 33 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
1108 or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:  \_\_\_\_\_  
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:

Bibliography and further notes on Reverse

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 34 Pres. Funct.: Residence Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/use/size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: 2071 or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

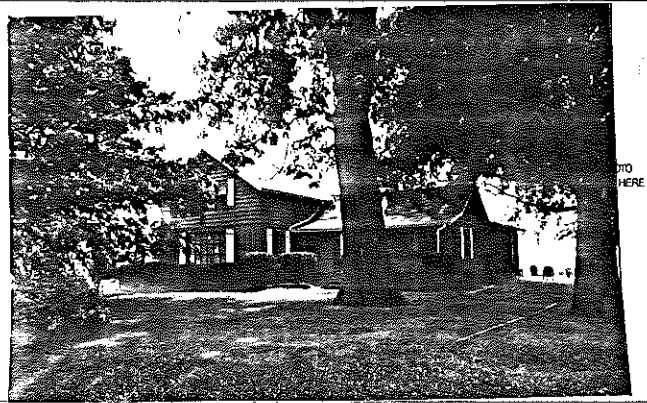
IL 422-0455





**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2231</u>	Town: <u>Summerville</u>
W: <u>SW</u>	Sec: <u>2</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Ringwood Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____		



FRAME# <u>36</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>102</u> or _____	Building TYPE	<u>201</u> or _____
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Integrity	Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 3	or _____ Note: _____
Surveyed by: _____ Date: _____	BUILDING 4	or _____ Note: _____

IL 422-0465

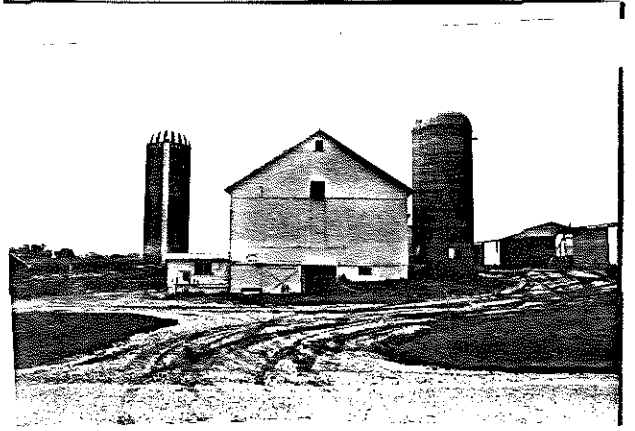
**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2232</u>	Town: <u>Summerville</u>
W: <u>SE</u>	Sec: <u>2</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Ringwood Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>103</u> or _____	Building TYPE	_____ or _____
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 3	or _____ Note: _____
Surveyed by: _____ Date: _____	BUILDING 4	or _____ Note: _____

IL 422-0465



**ILLINOIS RURAL SURVEY**

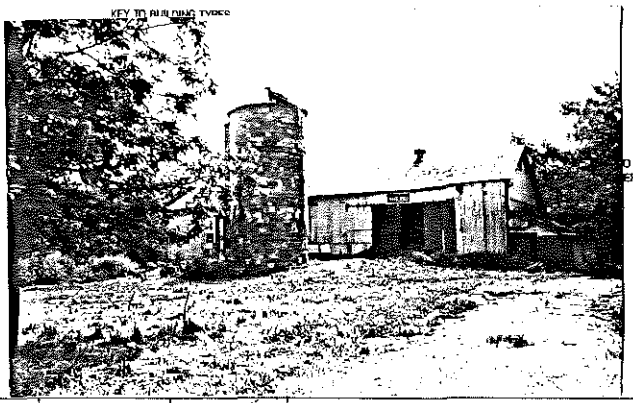
County: <i>McH</i>	Site #: <i>2334</i>	Town: <i>Summit</i>	
W: <i>SE</i>	Sec: <i>2</i>	TWP: <i>5N</i>	Range: <i>8E</i>
Street: <i>Ringwood Rd</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: <input type="checkbox"/> 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>3</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<i>11014</i> or <i>106 016</i>	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbr: <input checked="" type="checkbox"/> Weathbrd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



L 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2333</i>	Town: <i>Summit</i>	
W: <i>SE</i>	Sec: <i>2</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Ringwood Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: <input type="checkbox"/> 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>2</i>	Pres. Funct.: <i>Barn</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input checked="" type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<i>2101</i> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbr: <input type="checkbox"/> Weathbrd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

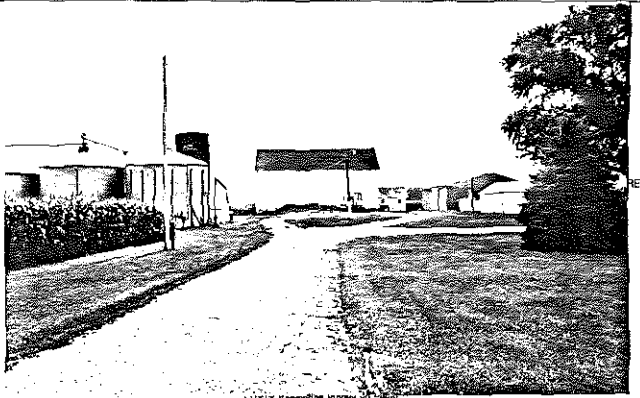


L 422-0465

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2335</i>	Town: <i>Sunnyside</i>	
W: <i>SE</i>	Sec: <i>2</i>	TWP: <i>43N</i>	Range: <i>8E</i>
Street: <i>Ringwood Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: <input type="checkbox"/> 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds: 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>4</i>	Pres. Funct.: <i>Barn</i>	Same? <input checked="" type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	#1 BUILDING 2#		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Original Function		
<i>2011</i> or _____	Condition/Use/Size		
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2336</i>	Town: <i>Sunnyside</i>	
W: <i>SW</i>	Sec: <i>1</i>	TWP: <i>43N</i>	Range: <i>8E</i>
Street: <i>Ringwood Rd.</i>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: <input type="checkbox"/> 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input checked="" type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds: 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <i>5</i>	Pres. Funct.: <i>Barn</i>	Same? <input checked="" type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	#1 BUILDING 2#		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Original Function		
<i>2011</i> or <i>211</i>	Condition/Use/Size		
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

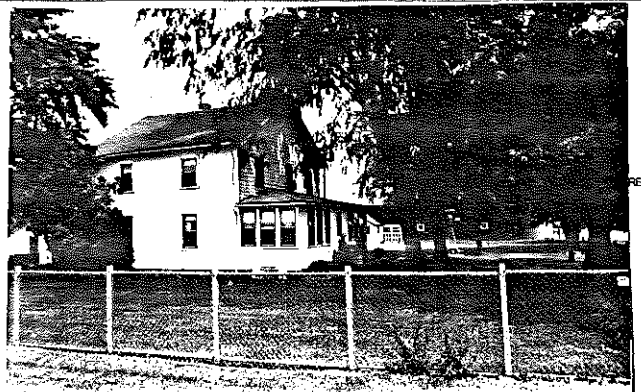


**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Sub #: <u>2237</u>	Town: <u>Juniata</u>	
W: <u>SE</u>	Sec: <u>1</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood/Spiny Grove Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input checked="" type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			

FRAME# <u>6</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME# <u>6</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function						
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size						
<u>1102</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>						
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE						
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure						
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material						
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation						
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof						
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material						
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity						
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period						
Bibliography and further notes on Reverse				BUILDING 3			
Surveyed by: _____ Date: _____				BUILDING 4			



IL 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Sub #: <u>2235</u>	Town: <u>Juniata</u>	
W: <u>SE</u>	Sec: <u>1</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ringwood Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input checked="" type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input checked="" type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			

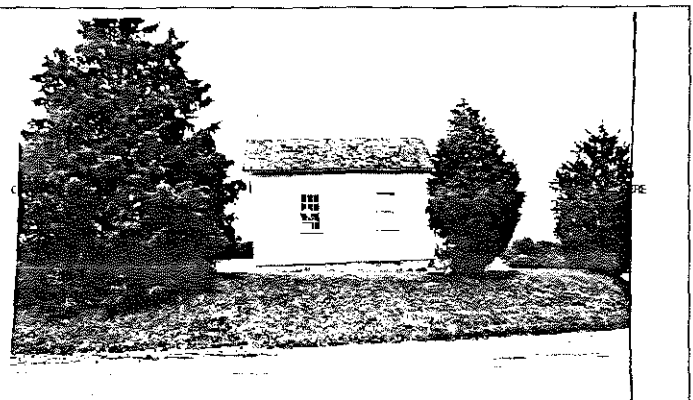
FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME# <u>7</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function						
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size						
<u>1103</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>						
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE						
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure						
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material						
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation						
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof						
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Roof Material						
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity						
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period						
Bibliography and further notes on Reverse				BUILDING 3			
Surveyed by: _____ Date: _____				BUILDING 4			



IL 422-0455

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2239 Town: Summit  
 W: SE Sec: 6 TWP: 45N Range: 8E  
 Street: Ringwood/Williams Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:   
 FARMSTEAD   
 House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-2:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



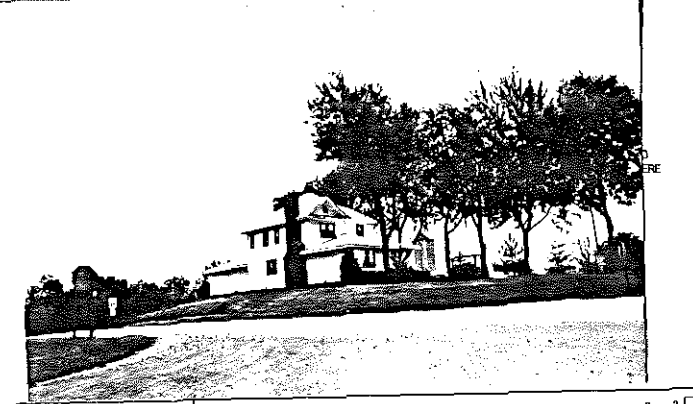
FRAME# 8 Pres. Funct.: Religious Same?   
 Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
6011 or Chapel Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Pyr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Atrd:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

#1 BUILDING 2# FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?   
 Original Function Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE \_\_\_\_\_ or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Pyr:   
 Foundation Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity Good:  Fair:  Atr:  Vy Atrd:  Add. Major:  Minor:   
 Period 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3 \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4 \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

R. 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2240 Town: Fox Lake  
 W: SE Sec: 5 TWP: 45N Range: 8E  
 Street: Brazillway Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:   
 FARMSTEAD   
 House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-2:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_

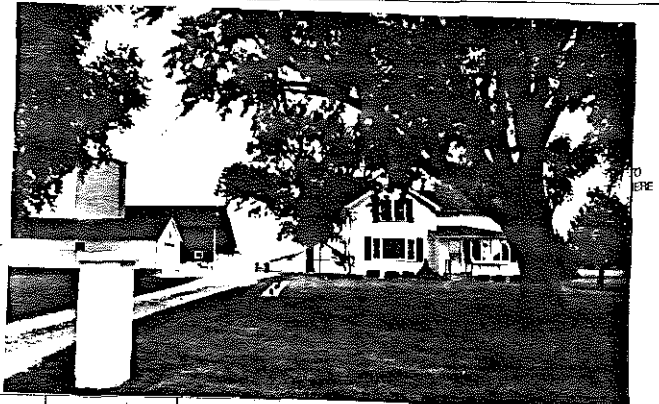


FRAME# 9 Pres. Funct.: Residence Same?   
 Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
104 or 101 Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Pyr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Atrd:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

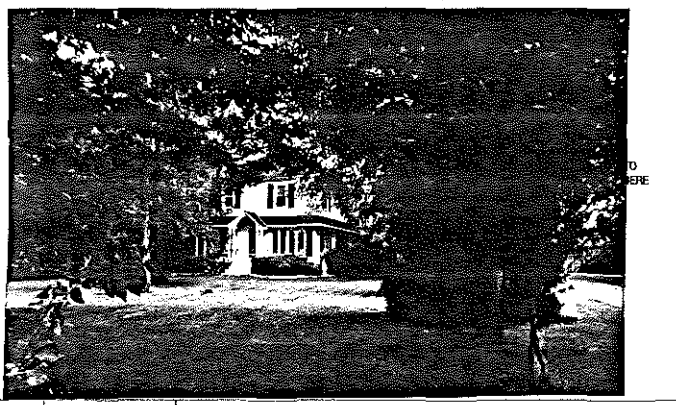
#1 BUILDING 2# FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?   
 Original Function Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE \_\_\_\_\_ or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Pyr:   
 Foundation Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity Good:  Fair:  Atr:  Vy Atrd:  Add. Major:  Minor:   
 Period 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3 \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4 \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

R. 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2241</u>	Town: <u>Fox Lake</u>	
W: <u>SE</u>	Sec: <u>6</u>	TWP: <u>15N</u>	Range: <u>9E</u>
Street: <u>Wilmit Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>10</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
<u>102</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: <u>2</u> or _____		
Structure: _____	Structure: Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	

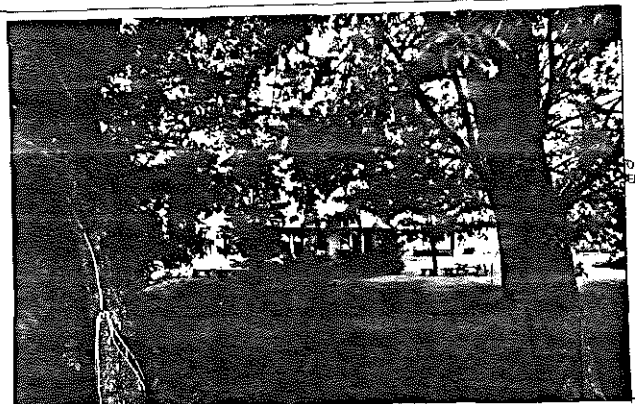


ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2242</u>	Town: <u>Fox Lake</u>	
W: <u>NE</u>	Sec: <u>6</u>	TWP: <u>15N</u>	Range: <u>9E</u>
Street: <u>Wilmit Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>11</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		
<u>104</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____ or _____		
Structure: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	



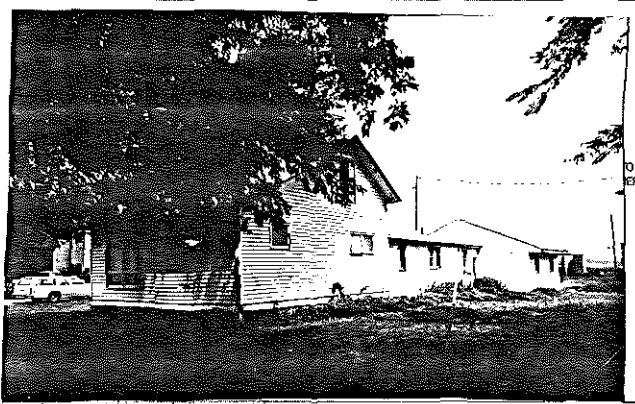


ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2243</u>	Town: <u>Fore Lake</u>	
W: <u>NE</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Wilcox Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/> House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crbs. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed <input type="checkbox"/> Grainery <input type="checkbox"/> Smokehouse <input type="checkbox"/> Summer Kitchen <input type="checkbox"/> Silo <input type="checkbox"/> Windmill <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House <input type="checkbox"/> Hog Houses <input type="checkbox"/> Chicken Coop <input type="checkbox"/> Outhouse <input type="checkbox"/> Mobile Homes: <input checked="" type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+ <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments:			
FRAME# <u>12</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1018</u> or	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other	Building TYPE		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert <input type="checkbox"/> Wd. Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input checked="" type="checkbox"/> Tile <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipptd <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other	Roof Material		
Good: <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major <input type="checkbox"/> Minor <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2244</u>	Town: <u>Osborne Springs</u>	
W: <u>SW</u>	Sec: <u>31</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Willis Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/> House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input checked="" type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crbs. 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> Garage: <input checked="" type="checkbox"/> Mach. Shed <input checked="" type="checkbox"/> Grainery <input type="checkbox"/> Smokehouse <input type="checkbox"/> Summer Kitchen <input type="checkbox"/> Silo <input checked="" type="checkbox"/> Windmill <input type="checkbox"/> Grain Bins: <input checked="" type="checkbox"/> Pump House <input checked="" type="checkbox"/> Hog Houses <input type="checkbox"/> Chicken Coop <input type="checkbox"/> Outhouse <input type="checkbox"/> Mobile Homes <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+ <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments:			
FRAME# <u>13</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1016</u> or	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert <input type="checkbox"/> Wd. Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input checked="" type="checkbox"/> Tile <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipptd <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other	Roof Material		
Good: <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major <input type="checkbox"/> Minor <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465



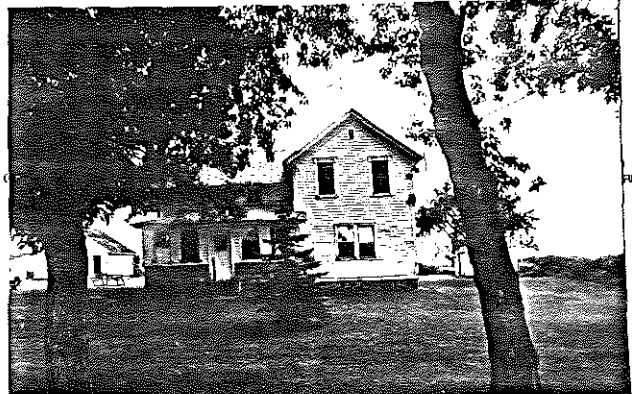
Barn - 1910  
House - 1933

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2245</u>	Town: <u>Spring Grove</u>	
W: <u>NE</u>	Sec: <u>1</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Miller Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input checked="" type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>15</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>
<u>102</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: <u>102</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____	BUILDING 3: _____ or _____ Note: _____
	BUILDING 4: _____ or _____ Note: _____



L 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2246</u>	Town: <u>Spring Grove</u>	
W: <u>SW</u>	Sec: <u>36</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Miller Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>17</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>102</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: <u>107</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____	BUILDING 3: _____ or _____ Note: _____
	BUILDING 4: _____ or _____ Note: _____



L 422-0465



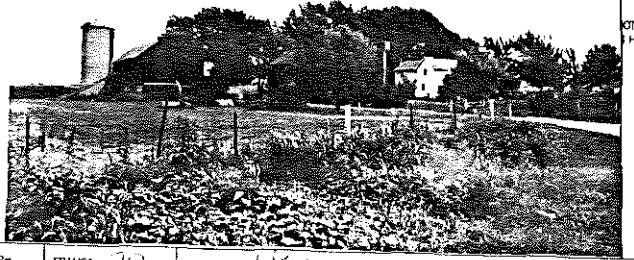
ILLINOIS RURAL SURVEY				KEY TO BUILDING TYPES				
County: <u>McH</u>	Site #: <u>2247</u>	Town: <u>Spring Grove</u>						
W: <u>SW</u>	Sec: <u>36</u>	TWP: <u>45N</u>	Range: <u>SE</u>					
Street: <u>Miller Rd</u>		Street View: <input checked="" type="checkbox"/>						
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>								
FARMSTEAD <input type="checkbox"/> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Com Crbs: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____								
FRAME# <u>18</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>		#1 BUILDING 2#	FRAME# <u>18</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function			Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Condition/Use/Size			Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Building TYPE			Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Building TYPE			Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>
1   0   4   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>			2   0   1   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>			
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure			Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure			
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material			Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material			
Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation			Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof			Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof			
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material			Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity			Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity			
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period			Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE			1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE			
Bibliography and further notes on Reverse				BIBLING 3				
Surveyed by: _____ Date: _____				BIBLING 4				

IL 422-0465

ILLINOIS RURAL SURVEY				KEY TO BUILDING TYPES				
County: <u>McH</u>	Site #: <u>2248</u>	Town: <u>Spring Grove</u>						
W: <u>SE</u>	Sec: <u>35</u>	TWP: <u>46N</u>	Range: <u>SE</u>					
Street: <u>Miller Rd</u>		Street View: <input checked="" type="checkbox"/>						
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>								
FARMSTEAD <input type="checkbox"/> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input checked="" type="checkbox"/> 3 My Barns: <input type="checkbox"/> Com Crbs: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____								
FRAME# <u>19</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>		#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function			Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Condition/Use/Size			Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Building TYPE			Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Building TYPE			Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
1   0   2   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>			_____   _____   _____   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>			
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure			Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure			
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material			Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation			Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation			
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof			Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof			
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material			Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity			Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity			
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period			Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE			1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE			
Bibliography and further notes on Reverse				BIBLING 3				
Surveyed by: _____ Date: _____				BIBLING 4				

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2249</u>	Town: <u>Spring Grove</u>	
W: <u>NW</u>	Sec: <u>1</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Miller Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input checked="" type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>20</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1 1/2</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: _____	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



L 422-6465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2250</u>	Town: <u>Spring Grove</u>	
W: <u>SE</u>	Sec: <u>35</u>	TWP: <u>40N</u>	Range: <u>8E</u>
Street: <u>Miller Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input checked="" type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input checked="" type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>21</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1 1/2</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: _____	BUILDING 3		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



L 422-6465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2251</u>	Town: <u>Spring Grove</u>	
W: <u>SW</u>	Sec: <u>35</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Miller Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input checked="" type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>32</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>10/11</u> or <u>10/5</u>	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cladd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

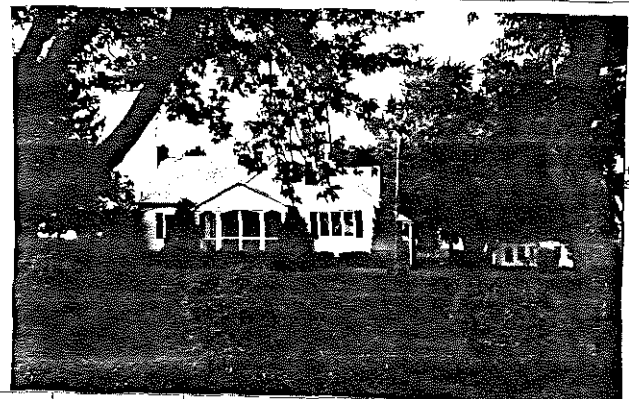


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S HERE

FRAME# _____	Pres. Funct.: _____	Same? <input type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
_____ or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cladd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
BUILDING 3: _____ or _____ Note: _____			
BUILDING 4: _____ or _____ Note: _____			

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2252</u>	Town: <u>John Mills</u>	
W: <u>NE</u>	Sec: <u>34</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>John Mills Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input checked="" type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>25</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>10/11</u> or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cladd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

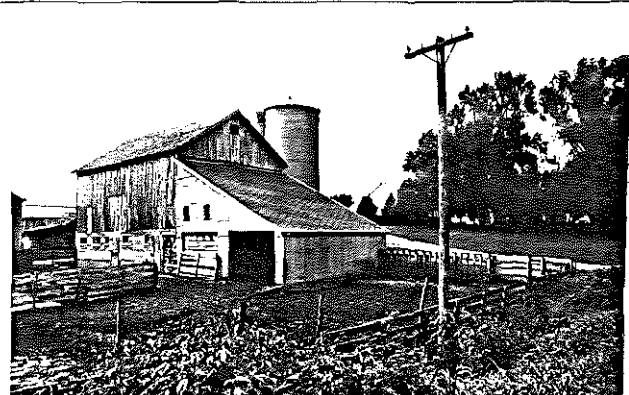


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FRAME# _____	Pres. Funct.: _____	Same? <input type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
_____ or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cladd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
BUILDING 3: _____ or _____ Note: _____			
BUILDING 4: _____ or _____ Note: _____			

ILLINOIS RURAL SURVEY			
County: <u>MDH</u>	Site #: <u>2253</u>	Town: <u>Lolon Mills</u>	
W: <u>SE</u>	Sec: <u>27</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Lolon Mills Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Com Crbs: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

FRAME# <u>24</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	w/1 BUILDING 2=	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size					
or: _____	Building TYPE					
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure					
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material					
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material					
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period					
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	BUILDING 3					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 4					

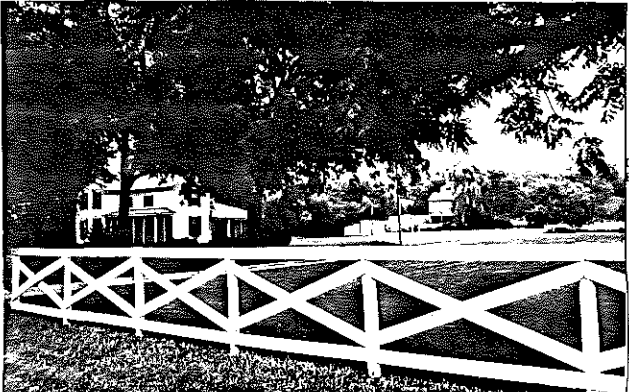


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ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2254</u>	Town: <u>Lolon Mills</u>	
W: <u>SW</u>	Sec: <u>26</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Lolon Mills Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Com Crbs: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input checked="" type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

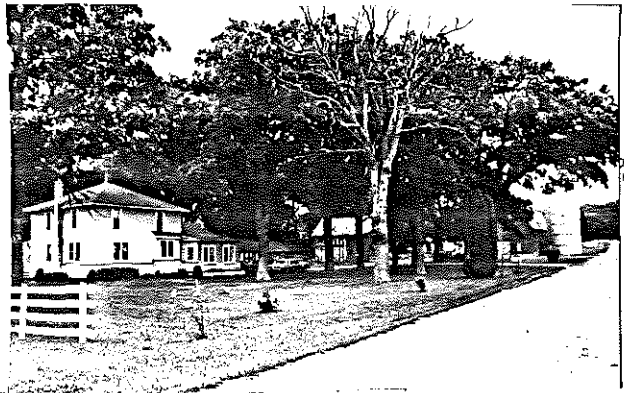
FRAME# <u>25</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	w/1 BUILDING 2=	FRAME# <u>25</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size					
or: _____	Building TYPE					
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure					
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material					
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof					
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material					
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period					
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	BUILDING 3					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 4					



L 422-0465



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2255</u>	Town: <u>Solon Mills</u>	
W: <u>SW</u>	Sec: <u>26</u>	TWP: <u>46N</u>	Range: <u>SE</u>
Street: <u>Myers Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input checked="" type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input checked="" type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input checked="" type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>26</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>104</u> or _____	Building TYPE <u>205</u> or _____		
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <u>Limestone</u>	Roof		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3 <u>2011</u> or <u>Small older Gable Barn</u> Note: _____		
Bibliography and further notes on Reverse	BUILDING 4 _____ or _____ Note: _____		
Surveyed by: _____ Date: _____			



L 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2256</u>	Town: <u>Solon Mills</u>	
W: <u>SE</u>	Sec: <u>22</u>	TWP: <u>46N</u>	Range: <u>SE</u>
Street: <u>North Solon Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>27</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>116</u> or _____	Building TYPE <u>2011</u> or _____		
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3 _____ or _____ Note: _____		
Bibliography and further notes on Reverse	BUILDING 4 _____ or _____ Note: _____		
Surveyed by: _____ Date: _____			



L 422-0465

Barn: 1917

ILLINOIS RURAL SURVEY			
County: <i>Moft</i>	Site #: <i>2557</i>	Town: <i>Solon Mills</i>	
W: <i>SE</i>	Sec: <i>22</i>	TWP: <i>46N</i>	Range: <i>8E</i>
Street: <i>North Solon Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Com Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>75</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<i>1 1/2</i> or <i>102</i>	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	



422-0455

ILLINOIS RURAL SURVEY			
County: <i>Moft</i>	Site #: <i>2558</i>	Town: <i>Solon Mills</i>	
W: <i>SE</i>	Sec: <i>22</i>	TWP: <i>46N</i>	Range: <i>8E</i>
Street: <i>North Solon Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Com Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>20</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<i>1 1/2</i> or <i>102</i>	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input checked="" type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	



422-0455

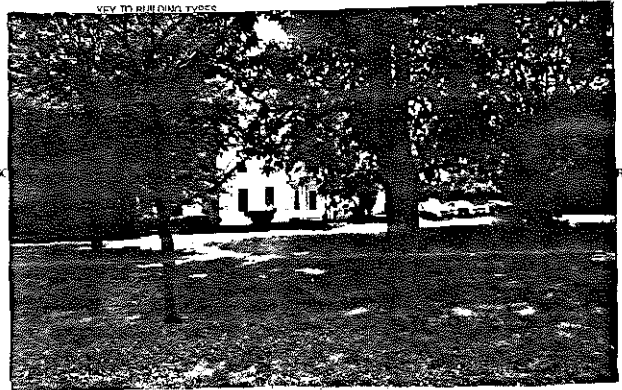
**ILLINOIS RURAL SURVEY**

County: McH Site #: 0259 Town: Lolon Mills  
 R: SE Sec: 22 TWP: 46N Range: 3E  
 Street: North Lolon Rd. Street View:

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# 30 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
102 or 104 Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wl. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Addl. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

= 1 BUILDING 2 =

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wl. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Addl. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

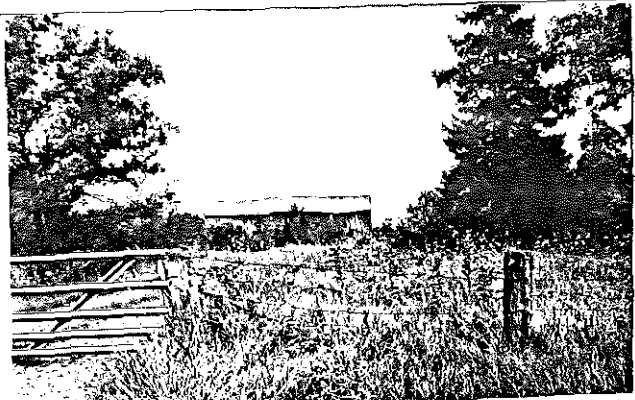
**ILLINOIS RURAL SURVEY**

County: McH Site #: 0260 Town: Lolon Mills  
 R: SE Sec: 22 TWP: 46N Range: 3E  
 Street: North Lolon Rd. Street View:

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# 31 Pres. Funct.: Barn Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
101 or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wl. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:  W/Asbestos  
 Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Addl. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

= 1 BUILDING 2 =

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wl. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Addl. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2261</u>	Town: <u>Solon Mills</u>	
W: <u>3E</u>	Sec: <u>22</u>	TWP: <u>46N</u>	Range: <u>3E</u>
Street: <u>North Solon Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Com. Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>32</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>11118</u> or _____	Building TYPE		
Stones: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: _____ Date: _____			



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2262</u>	Town: <u>Solon Mills</u>	
W: <u>3W</u>	Sec: <u>23</u>	TWP: <u>46N</u>	Range: <u>3E</u>
Street: <u>North Solon Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Com. Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>33</u>	Pres. Funct.: <u>Residence</u>	Same ? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>11011</u> or _____	Building TYPE		
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: _____ Date: _____			



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2263</u>	Town: <u>Adrian Mills</u>
W: <u>SW</u>	Sec: <u>23</u>	TWP: <u>46N</u> Range: <u>8E</u>
Street: <u>North Adon Rd</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

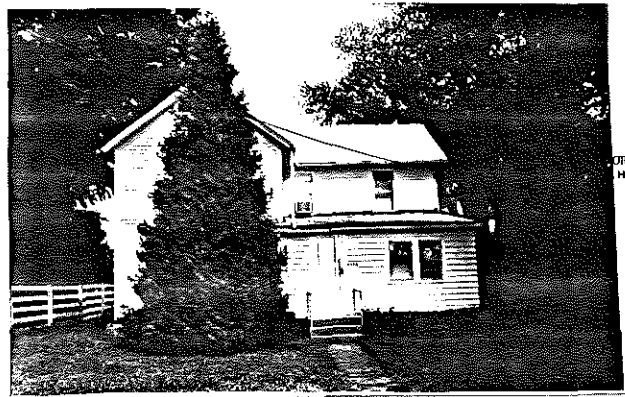
**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



TO  
HERE

FRAME# <u>44</u>	Pres. Funct: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct: _____	Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size					
<u>1102</u> or _____	Building TYPE					
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure					
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof					
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity					
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE					
Surveyed by: _____ Date: _____			BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE			

IL 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2264</u>	Town: <u>McHenry</u>
W: <u>SW</u>	Sec: <u>33</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Curran Rd</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

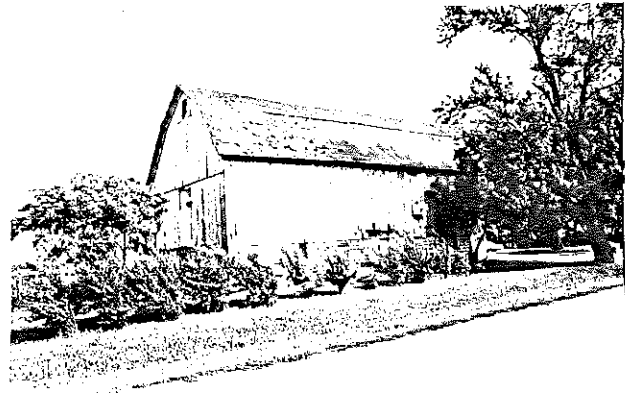
**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



TO  
HERE

FRAME# <u>35</u>	Pres. Funct: <u>Barn</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct: _____	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size					
<u>2105</u> or _____	Building TYPE					
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure					
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof					
Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity					
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE					
Surveyed by: _____ Date: _____			BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE			

IL 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2225</u>	Town: <u>Waltham</u>
V: <u>NE</u>	Sec: <u>5</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Sumner Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>310</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
<u>102</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE <u>205</u> or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____	BUILDING 3 _____ or _____ Note: _____	
	BUILDING 4 _____ or _____ Note: _____	

FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
<u>102</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE <u>205</u> or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____	BUILDING 3 _____ or _____ Note: _____	
	BUILDING 4 _____ or _____ Note: _____	

IL 422-0465

**ILLINOIS RURAL SURVEY**

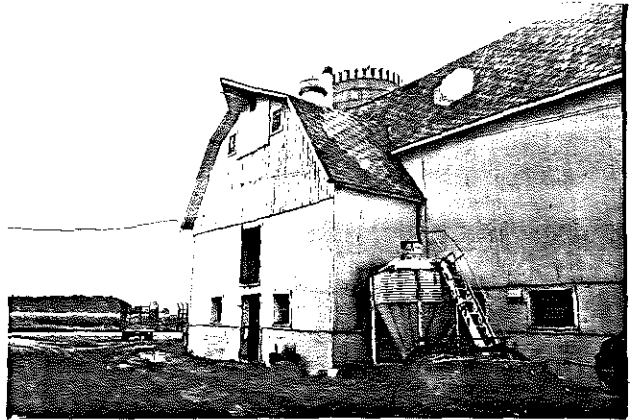
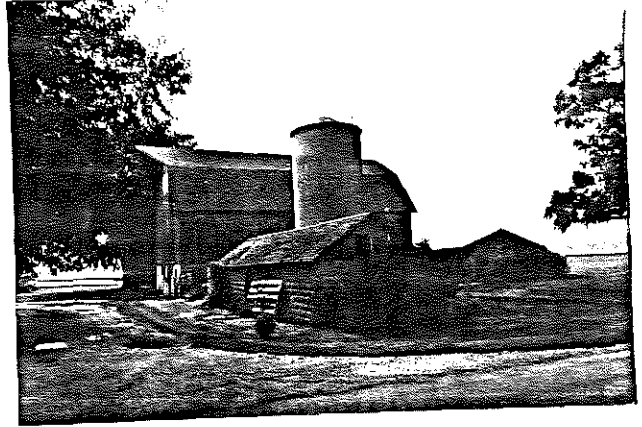
County: <u>McH</u>	Site #: <u>22160</u>	Town: <u>Bull Valley</u>
V: <u>NE</u>	Sec: <u>5</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Bull Valley Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____		



FRAME# <u>3</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
<u>101</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE <u>207</u> or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____	BUILDING 3 _____ or _____ Note: _____	
	BUILDING 4 _____ or _____ Note: _____	

FRAME# <u>8</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
<u>101</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE <u>207</u> or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____	BUILDING 3 _____ or _____ Note: _____	
	BUILDING 4 _____ or _____ Note: _____	

IL 422-0465



House: Over 100 years old,  
Barn: Over 100 years old



**ILLINOIS RURAL SURVEY**

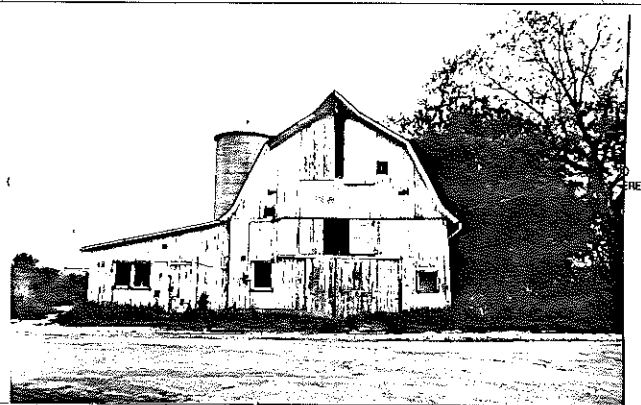
County: <u>McH</u>	Site #: <u>2267</u>	Town: <u>Bull Valley</u>
W: <u>SW</u>	Sec: <u>5</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Bull Valley Rd.</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____		
FRAME# <u>5</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
<u>102</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE <u>203</u> or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alb: <input type="checkbox"/> Vy Alb: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3 <u>200</u> or <u>(104)</u> Note: <u>Dairy Barn</u>	
Bibliography and further notes on Reverse	BUILDING 4 _____ or _____ Note: _____	
Surveyed by: _____ Date: _____		



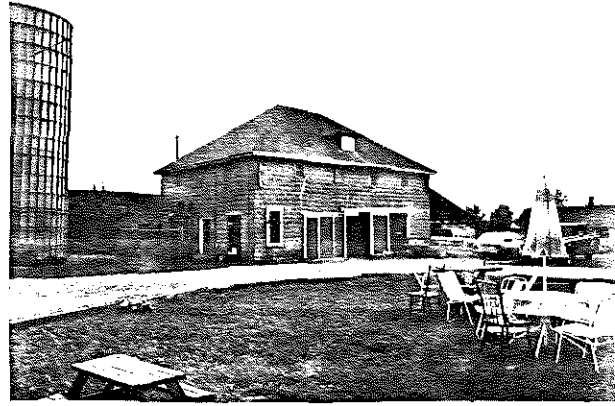
IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2268</u>	Town: <u>Bull Valley</u>
W: <u>SW</u>	Sec: <u>5</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Bull Valley Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>10</u> Pres. Funct.: <u>Barn</u> Same? <input type="checkbox"/>	#1 BUILDING 2#	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
<u>205</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE _____ or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alb: <input type="checkbox"/> Vy Alb: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3 _____ or _____ Note: _____	
Bibliography and further notes on Reverse	BUILDING 4 _____ or _____ Note: _____	
Surveyed by: _____ Date: _____		



IL 422-0465



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2215</u>	Town: <u>Bull Valley</u>
W: <u>NW</u>	Sec: <u>5</u>	TWP: <u>42N</u> Range: <u>SE</u>
Street: <u>Bull Valley Draper Pl</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size	
<u>1032</u> or _____	Building TYPE	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbr: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbr: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input checked="" type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: _____ Date: _____		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2270</u>	Town: <u>Bull Valley</u>
W: <u>NE</u>	Sec: <u>6</u>	TWP: <u>42N</u> Range: <u>SE</u>
Street: <u>Bull Valley Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1:  3+:  Metal Bldg:  Comments: \_\_\_\_\_

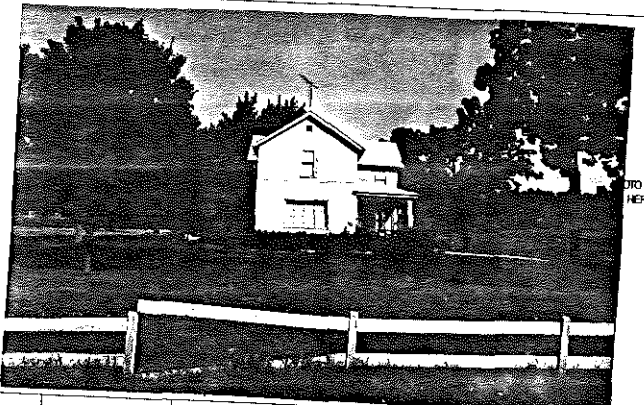


FRAME# <u>8</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size	
<u>1032</u> or _____	Building TYPE	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbr: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbr: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: _____ Date: _____		

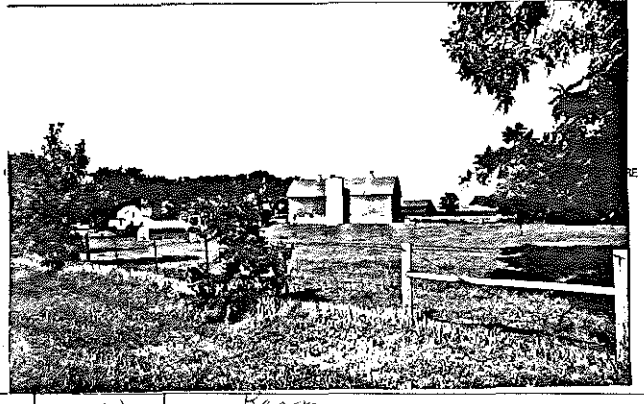
IL 422-0465

House: 1840  
Barn: 1939

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2271</u>	Town: <u>My Henry</u>	
W: <u>NE</u>	Sec: <u>32</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Drapers Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>9</u>	Pres. Funct: <u>Residence</u>	Same? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	≠ 1 BUILDING 2#		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
or: _____	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	or: _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2272</u>	Town: <u>My Henry</u>	
W: <u>NE</u>	Sec: <u>32</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Drapers Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>10</u>	Pres. Funct: <u>Residence</u>	Same? <input type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	≠ 1 BUILDING 2#		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
or: _____	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input checked="" type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	or: _____	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2273</u>	Town: <u>McHenry</u>
W: <u>NW</u>	Sec: <u>32</u>	TWP: <u>45N</u> Range: <u>3E</u>
Street: <u>Dropsie Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Com Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		

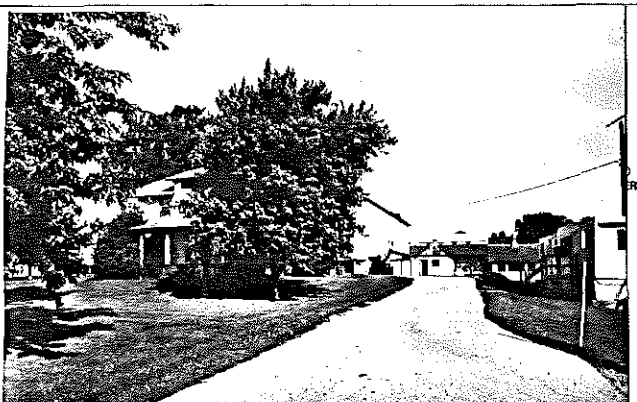


FRAME# <u>11</u>	Pres. Funct.: <u>Barn</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#	FRAME# <u>11</u>	Pres. Funct.: <u>corn mill</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barr: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		Residence: <input type="checkbox"/> Outbuilding: <input checked="" type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barr: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Use/Size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>			
2   0   1   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE			
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Surveyed by: _____ Date: _____	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		BUILDING 3			
			BUILDING 4			

L 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2274</u>	Town: <u>McHenry</u>
W: <u>NW</u>	Sec: <u>32</u>	TWP: <u>45N</u> Range: <u>3E</u>
Street: <u>Dropsie Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Com Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input checked="" type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input checked="" type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____		



FRAME# <u>12</u>	Pres. Funct.: <u>Barn</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#	FRAME# <u>12</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barr: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barr: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Use/Size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>			
1   0   0   1   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE			
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Clpbd: <input checked="" type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input type="checkbox"/> Hipcd: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Surveyed by: _____ Date: _____	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		BUILDING 3			
			BUILDING 4			

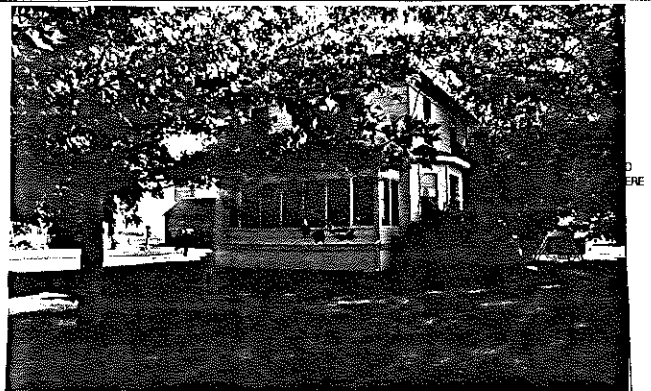
L 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2275</u>	Town: <u>Old Bull Valley</u>	
W: <u>SW</u>	Sec: <u>32</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Draper Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input checked="" type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: <u>Save from 1910</u>			
FRAME# <u>13</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>10</u>   <u>1</u>   or	Building TYPE		
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Bibliography and further notes on Reverse		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Surveyed by: _____ Date: _____		
BUILDING 3	or		
BUILDING 4	or		



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2276</u>	Town: <u>Bull Valley</u>	
W: <u>NW</u>	Sec: <u>5</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Draper Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>14</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>10</u>   <u>4</u>   or	Building TYPE		
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity		
Asphalt Shngl: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Bibliography and further notes on Reverse		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Surveyed by: _____ Date: _____		
BUILDING 3	or		
BUILDING 4	or		



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2277</i>	Town: <i>Kellogg Bl. Bull Valley</i>
W: <i>NW</i>	Sec: <i>6</i>	TWP: <i>44N</i> Range: <i>3E</i>
Street: <i>Ridge Rd.</i>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

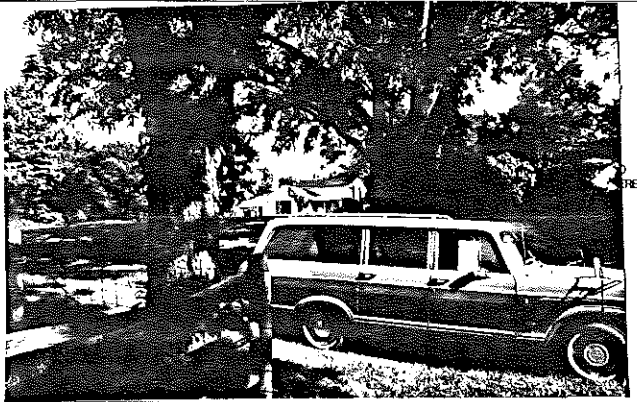
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Com Crbs, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <i>15</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
<i>1 1/2</i> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Siding material	Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <i>Unk</i>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: _____ Date: _____		

FRAME# <i>16</i>	Pres. Funct.: <i>Residence</i>	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
<i>1 1/2</i> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <i>Unk</i>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: _____ Date: _____		



**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2278</i>	Town: <i>Bull Valley</i>
W: <i>NW</i>	Sec: <i>6</i>	TWP: <i>44N</i> Range: <i>3E</i>
Street: <i>Ridge Rd.</i>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Com Crbs, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_

FRAME# <i>16</i>	Pres. Funct.: <i>Residence</i>	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
<i>1 1/2</i> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <i>Unk</i>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input checked="" type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input checked="" type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: _____ Date: _____		

FRAME# <i>16</i>	Pres. Funct.: <i>Residence</i>	Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
<i>1 1/2</i> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Clpbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/> <i>Unk</i>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input checked="" type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input checked="" type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: _____ Date: _____		

L 422-0465

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**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2279</u>	Town: <u>Bull Valley</u>
W: <u>SE</u>	Sec: <u>31</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Ridge Rd.</u>		Street View: <input type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



PHOTO (Additional photos on back)

FRAME# <u>17</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>10</u>   <u>2</u>   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	
Surveyed by: _____ Date: _____	BUILDING 4	

FRAME# <u>17</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>10</u>   <u>5</u>   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	
Surveyed by: _____ Date: _____	BUILDING 4	

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2250</u>	Town: <u>Bull Valley</u>
W: <u>NE</u>	Sec: <u>31</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Ridge Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# <u>12</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>10</u>   <u>1</u>   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	
Surveyed by: _____ Date: _____	BUILDING 4	

FRAME# <u>12</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input checked="" type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input checked="" type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>10</u>   <u>1</u>   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	
Surveyed by: _____ Date: _____	BUILDING 4	

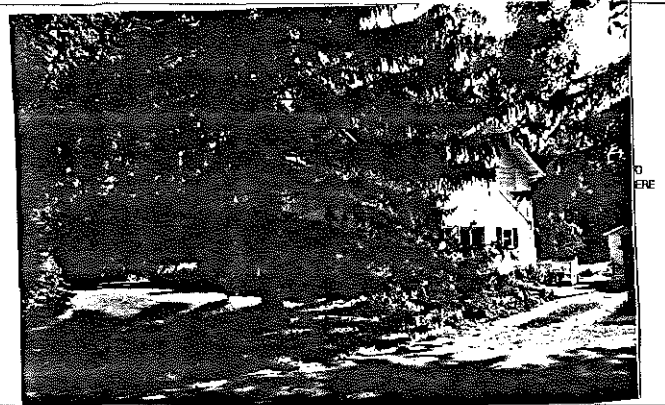
IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2081</u>	Town: <u>Bull Valley</u>	
N: <u>NE</u>	Sec: <u>31</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ridge Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input checked="" type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>17</u>	Pres. Funct.: <u>Barn</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
or: _____	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2282</u>	Town: <u>Bull Valley</u>	
N: <u>NE</u>	Sec: <u>32</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ridge Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>20</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
or: _____	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____			

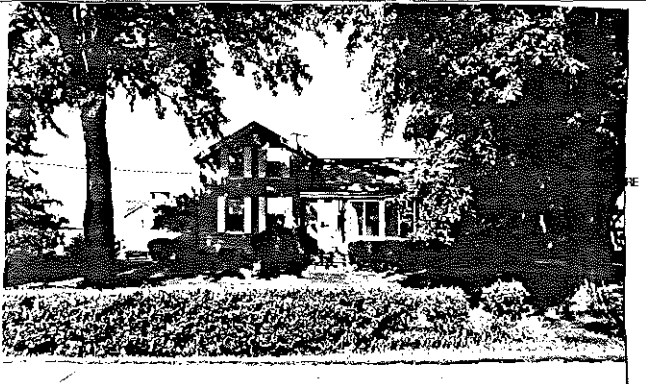


IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2253</u>	Town: <u>Bull Valley</u>	
N: <u>NW</u>	Sec: <u>31</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ridge Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input checked="" type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>21</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1</u>   <u>0</u>   or: _____	Stories: 1 <input type="checkbox"/> 1-1/2 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <u>1. 1/2" x 1/2" x 1/2"</u>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy. Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2784</u>	Town: <u>Bull Valley</u>	
N: <u>SW</u>	Sec: <u>30</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Ridge Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>22</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1</u>   <u>0</u>   or: _____	Stories: 1 <input type="checkbox"/> 1-1/2 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 2+ <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy. Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



**ILLINOIS RURAL SURVEY**

County: McH Site #: 2285 Town: Bull Valley  
 W: NW Sec: 30 TWP: 45N Range: 8E  
 Street: Ridge Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# 33 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 1 | 1 | 1 | 1 or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altd:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altd:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

L 422-0485

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2286 Town: Bull Valley  
 W: NE Sec: 30 TWP: 45N Range: 8E  
 Street: Ridge Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# 34 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 1 | 0 | 1 | 1 or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altd:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altd:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

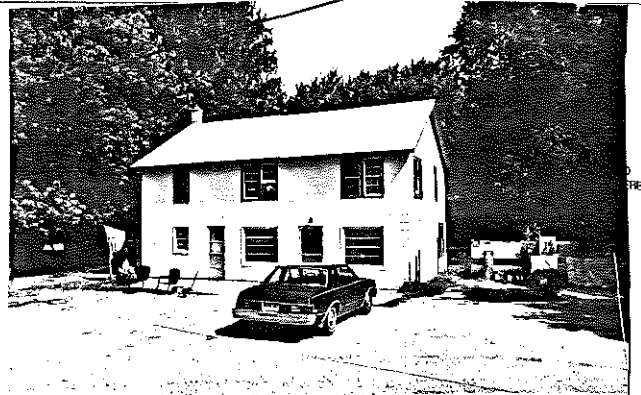
L 422-0485

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2287</i>	Town: <i>Bull Valley</i>	
W: <i>NE</i>	Sec: <i>30</i>	TWP: <i>45N</i>	Range: <i>5E</i>
Street: <i>Polys Rd.</i>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crib, 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>25</i>	Pres. Funct.: <i>residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<i>101</i> or _____	Building TYPE _____		
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Frame: <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Adtl. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Roof		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Roof Material		
Integrity			
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Adtl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
Period			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
BUILDING 3		BUILDING 4	



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2258</i>	Town: <i>Blue Wonder Lake</i>	
W: <i>NE</i>	Sec: <i>6</i>	TWP: <i>45N</i>	Range: <i>5E</i>
Street: <i>Barnard Hill Rd.</i>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crib, 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>20</i>	Pres. Funct.: <i>residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<i>103</i> or _____	Building TYPE _____		
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Frame: <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input checked="" type="checkbox"/> Vy Altd: <input type="checkbox"/> Adtl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Roof		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Roof Material		
Integrity			
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Adtl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
Period			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
BUILDING 3		BUILDING 4	



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2259</u>	Town: <u>Woods Lake</u>	
R: <u>SW</u>	Sec: <u>5</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Baywood Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
<p>FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>27</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____ Same? <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size: _____		
<u>102</u> or _____	Building TYPE: _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof: _____		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vv Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period: _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3: _____ Note: _____		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

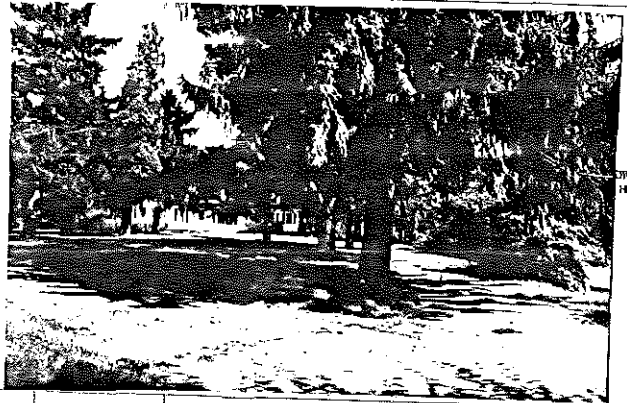


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ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2290</u>	Town: <u>Woods Lake</u>	
R: <u>SW</u>	Sec: <u>5</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Baywood Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
<p>FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>15</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____ Same? <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input checked="" type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size: _____		
<u>102</u> or _____	Building TYPE: _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: _____		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation: _____		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof: _____		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vv Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period: _____		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3: _____ Note: _____		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



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ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2291</u>	Town: <u>Womble Lake</u>	
W: <u>SE</u>	Sec: <u>5</u>	TWP: <u>25N</u>	Range: <u>6E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input checked="" type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>09</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>100</u> or _____	Building TYPE _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy. Ald: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2292</u>	Town: <u>Ringwood</u>	
W: <u>NW</u>	Sec: <u>9</u>	TWP: <u>45N</u>	Range: <u>6E</u>
Street: <u>Barnard Mill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>30</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>100</u> or _____	Building TYPE _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy. Ald: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____			

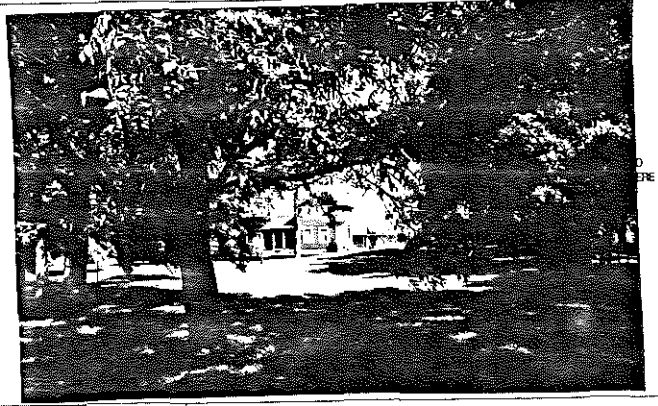


**ILLINOIS RURAL SURVEY**

County: McH Site #: 2293 Town: Ringwood  
 W: NW Sec: 9 TWP: 45N Range: 5E  
 Street: Ringwood Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-2:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 31 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 1:  2:  or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbt:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbt:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2294 Town: Ringwood  
 W: NW Sec: 9 TWP: 45N Range: 5E  
 Street: Barnard Hill Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-2:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 32 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 1:  2:  or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbt:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 32 Pres. Funct.: Residence Same?

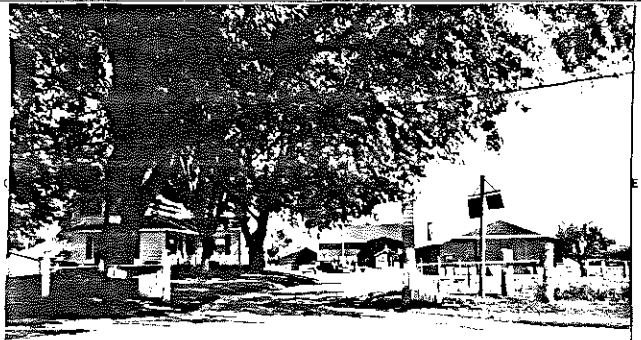
Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: 21015 or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbt:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2291</u>	Town: <u>Ringwood</u>
W: <u>NE</u>	Sec: <u>6</u>	TWP: <u>45N</u> Range: <u>SE</u>
Street: <u>Barnum Hill Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input checked="" type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>33</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME# <u>33</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function			Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size			Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
1   0   1   or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>			Building TYPE	1   0   1   or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure			Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material			Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation			Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof			Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material			Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity			Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period			Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE			1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>		
Surveyed by: _____ Date: _____	BUILDING 3			or: _____	Note: _____	
	BUILDING 4			or: _____	Note: _____	

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2296</u>	Town: <u>Ringwood</u>
W: <u>NW</u>	Sec: <u>10</u>	TWP: <u>45N</u> Range: <u>SE</u>
Street: <u>Ringwood Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>34</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME# <u>34</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function			Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size			Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
1   0   1   or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>			Building TYPE	1   0   1   or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure			Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material			Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation			Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof			Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material			Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity			Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period			Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE			1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>		
Surveyed by: _____ Date: _____	BUILDING 3			or: _____	Note: _____	
	BUILDING 4			or: _____	Note: _____	

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2297</u>	Town: <u>Campana</u>	
W: <u>SW</u>	Sec: <u>10</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>35</u>	Pres. Funct.: <u>Barn</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>2</u>   <u>0</u>   <u>1</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+ <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1800-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



I. 422-0485

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2298</u>	Town: <u>Riverview</u>	
W: <u>NE</u>	Sec: <u>6</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>31p</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1</u>   <u>1</u>   <u>1</u>   <u>1</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+ <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



I. 422-0485

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2299</u>	Town: <u>Riverview</u>	
W: <u>NE</u>	Sec: <u>4</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Rt 31</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>1</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>101</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE <u>2071</u> or _____		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

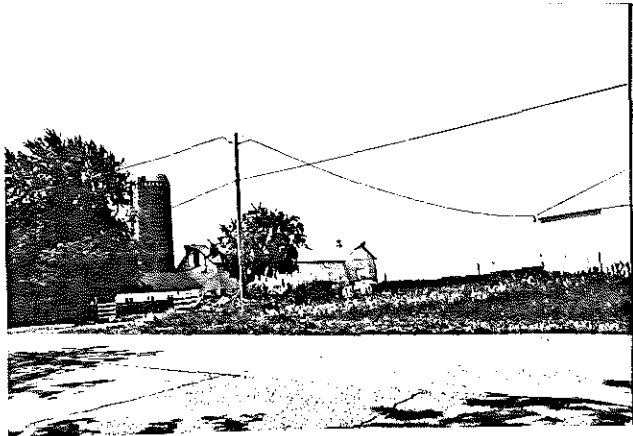


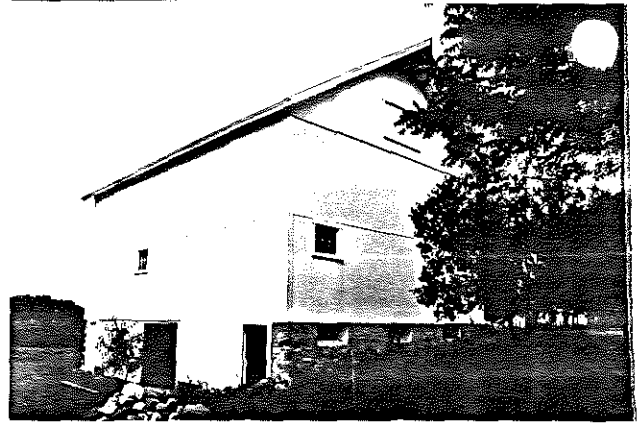
IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2300</u>	Town: <u>Riverview</u>	
W: <u>SE</u>	Sec: <u>33</u>	TWP: <u>46N</u>	Range: <u>8E</u>
Street: <u>Rt. 31</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input checked="" type="checkbox"/> Comments: _____			
FRAME# <u>2</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>2</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE _____ or _____		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465





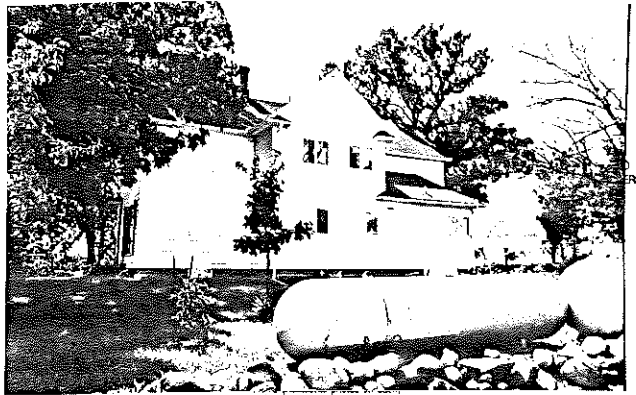
**ILLINOIS RURAL SURVEY**

County: McH Site #: 2301 Town: Ringwood  
 W: SE Sec: 33 TWP: 76N Range: 8E  
 Street: Rt-31 Street View:

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 45 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
102 or: \_\_\_\_\_ Stones, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Hd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Ahd:  Add, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reven  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 44 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
301 or: \_\_\_\_\_ Stones, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Hd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Ahd:  Add, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2302 Town: Johnston  
 W: N3W Sec: 1 TWP: 75N Range: 8E  
 Street: Spring Knolls Street View:

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 6 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
7 or: \_\_\_\_\_ Stones, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Hd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Ahd:  Add, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reven  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: \_\_\_\_\_  
 Condition/use/size: \_\_\_\_\_  
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stones, 1:  1-1/2:  2:  2+:   
 Structure: \_\_\_\_\_  
 Siding material: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Hd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: \_\_\_\_\_  
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: \_\_\_\_\_  
 Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Ahd:  Add, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: MCH Site #: 2303 Town: Johnsburg  
 W: NW Sec: 1 TWP: 45N Range: 8E  
 Street: Spring Grove Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib:  2  3+   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



OTO  
HERE

FRAME# 7 Pres. Funct.: Barn Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Log:  Md:  Sm:   
 2  1  or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Atrd:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

#1 BUILDING 2# FRAME# 7 Pres. Funct.: Barn Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Usability: Deteriorated:  Abandoned:  Log:  Md:  Sm:   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Atr:  Vy Atrd:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: MCH Site #: 2304 Town: Johnsburg  
 W: NW Sec: 12 TWP: 45N Range: 8E  
 Street: Spring Grove Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib:  2  3+   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



OTO  
HERE

FRAME# 8 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Log:  Md:  Sm:   
 1  0  3  or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Atrd:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

#1 BUILDING 2# FRAME# 8 Pres. Funct.: Barn Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Usability: Deteriorated:  Abandoned:  Log:  Md:  Sm:   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Atr:  Vy Atrd:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2305</u>	Town: <u>Johnsburg</u>	
W: <u>NW</u>	Sec: <u>12</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Spring Grove Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Myr. Barns: <input type="checkbox"/> 3 Myr. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
PHOTO (Additional photos on back)			
FRAME# <u>9</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1104</u> or _____	Building TYPE: <u>203</u> or _____		
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



K 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2306</u>	Town: <u>Johnsburg</u>	
W: <u>SW</u>	Sec: <u>12</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Spring Grove Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Myr. Barns: <input type="checkbox"/> 3 Myr. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input checked="" type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
PHOTO (Additional photos on back)			
FRAME# <u>10</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1102</u> or _____	Building TYPE: <u>203</u> or _____		
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



K 422-0465



House was moved here from another farmstead in 1910.

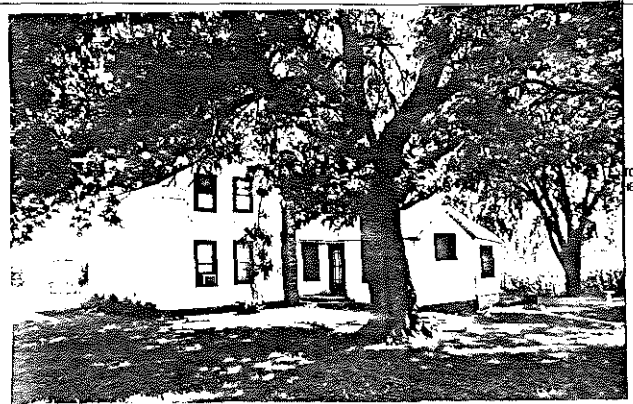
**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2301</u>	Town: <u>Johnsburg</u>
W: <u>SE</u>	Sec: <u>12</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Spring Grove Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds: 1-2:  3+:  Metal Bldgs:  Comments: Farm Survey South



FRAME# <u>11</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>1105</u> or <u>102</u>	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clabd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

FRAME# _____	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
_____ or _____	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clabd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

IL 422-0465

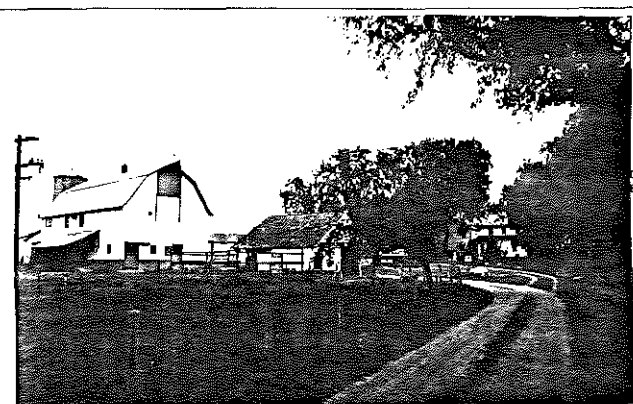
**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2308</u>	Town: <u>Johnsburg</u>
W: <u>SE</u>	Sec: <u>12</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Spring Grove Rd.</u>		Street View: <input type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds: 1-2:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>12</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>2275</u> or _____	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clabd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

FRAME# <u>12</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>1102</u> or _____	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clabd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Ahd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

IL 422-0465

House: 1860; they put a basement in in 1945  
Barn: ~~1860~~ 1860; 100 y. old.  
Most every building on property is pre-1940

ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2309</u>	Town: <u>Johnston</u>	
R: <u>SE</u>	Sec: <u>12</u>	TWP: <u>45N</u>	Range: <u>SE</u>
Street: <u>Spring Grove Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
<p>FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: <u>Barn is now a storage shed</u>			
FRAME# <u>101</u> Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>		
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	#1 BUILDING 2#		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Original Function		
or: _____	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Condition/Use/Size		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Building TYPE		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	or: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Structure		
Gable: <input type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Siding material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2310</u>	Town: <u>Robinson</u>	
R: <u>NE</u>	Sec: <u>17</u>	TWP: <u>45N</u>	Range: <u>1E</u>
Street: <u>Chapel Hill Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
<p>FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>101</u> Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>		
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	#1 BUILDING 2#		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Original Function		
or: _____	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Condition/Use/Size		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Building TYPE		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	or: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Structure		
Gable: <input type="checkbox"/> Hipod: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Siding material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



**ILLINOIS RURAL SURVEY**

County: McH Site #: 2310 Town: McHenry

R: SE Sec: 24 TWP: 45N Range: 8E

Street: Chapel Hill Rd. Street View:

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj. Barns:  3 Mj. Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments:



FRAME# 1015 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:

Deteriorated:  Abandoned:  Lrg:  Md:  Sm:

1 | 0 | 4 | or: Stories: 1:  1-1/2:  2:  2+:

Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_

Cipbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:

Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:

Brick:  Stone:  Block:  Poured or Stucco:  Tile:

Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_

Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_

Good:  Fair:  Altr:  Vy Altd:  Add., Major:  Minor:

1700-1799:  1800-1859:  1860-1910:  1910-1945:

Bibliography and further notes on Reverse

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# 1015 Pres. Funct.: Barn Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:

Condition/Use/Size: Deteriorated:  Abandoned:  Lrg:  Md:  Sm:

Building TYPE: 2015 or: Stories: 1:  1-1/2:  2:  2+:

Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_

Siding material: Cipbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:

Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:

Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:

Roof: Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_

Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_

Integrity: Good:  Fair:  Altr:  Vy Altd:  Add., Major:  Minor:

Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:

BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2312 Town: McHenry

R: SW Sec: 19 TWP: 45N Range: 8E

Street: Chapel Hill Rd. Street View:

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj. Barns:  3 Mj. Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg:  Comments:



FRAME# 1016 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:

Deteriorated:  Abandoned:  Lrg:  Md:  Sm:

1 | 0 | 4 | or: Stories: 1:  1-1/2:  2:  2+:

Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_

Cipbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:

Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:

Brick:  Stone:  Block:  Poured or Stucco:  Tile:

Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_

Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_

Good:  Fair:  Altr:  Vy Altd:  Add., Major:  Minor:

1700-1799:  1800-1859:  1860-1910:  1910-1945:

Bibliography and further notes on Reverse

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:

Condition/Use/Size: Deteriorated:  Abandoned:  Lrg:  Md:  Sm:

Building TYPE: \_\_\_\_\_ or: Stories: 1:  1-1/2:  2:  2+:

Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_

Siding material: Cipbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:

Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:

Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:

Roof: Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_

Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_

Integrity: Good:  Fair:  Altr:  Vy Altd:  Add., Major:  Minor:

Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:

BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

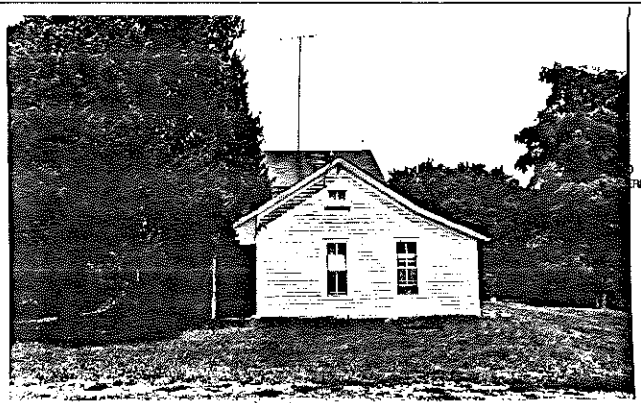
County: <i>McH</i>	Site #: <i>2313</i>	Town: <i>McHenry</i>	
W: <i>SW</i>	Sec: <i>19</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Champaign Rd.</i>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>1017</i> Pres. Funct.: <i>Residence</i> Same? <input checked="" type="checkbox"/>			
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		Condition/Use/Size	
1017 or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		Structure	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>		Roof	
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>		Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>		BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____ Date: _____			



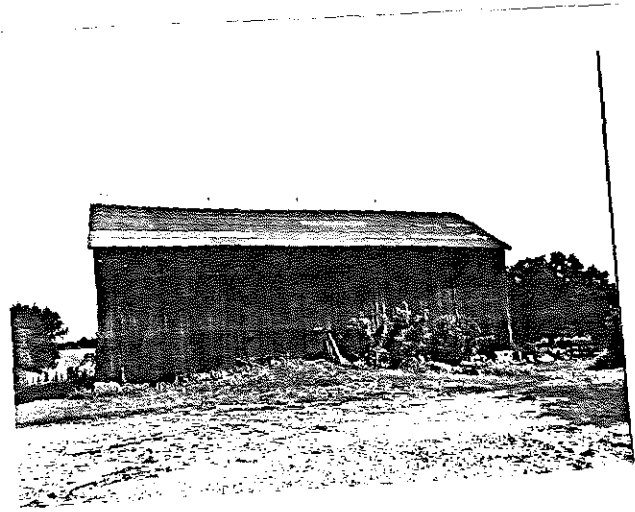
IL 422-0465

**ILLINOIS RURAL SURVEY**

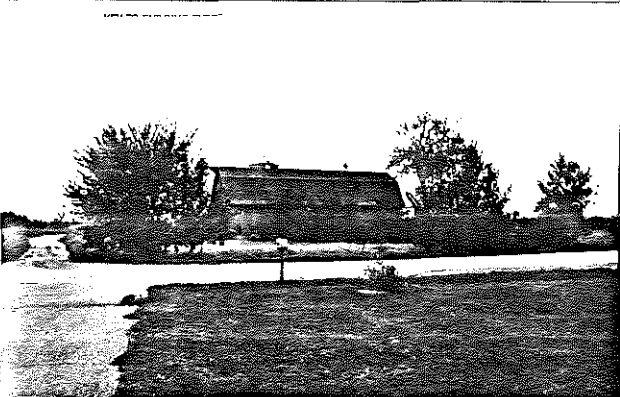
County: <i>McH</i>	Site #: <i>2314</i>	Town: <i>McHenry</i>	
W: <i>NW</i>	Sec: <i>29</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Chapel Hill Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>19</i> Pres. Funct.: <i>Residence Barn</i> Same? <input type="checkbox"/>			
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		Condition/Use/Size	
1017 or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		Structure	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		Foundation	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input checked="" type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>		BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE	
Surveyed by: _____ Date: _____			




IL 422-0465



House and Barn: 1840's

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2315</u>	Town: <u>McHenry</u>	
N: <u>NE</u>	Sec: <u>36</u>	TWP: <u>45N</u>	Range: <u>3E</u>
Street: <u>Rt. 120</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
			
FRAME: <u>SD</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2w
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>2 1/2</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2316</u>	Town: <u>McHenry</u>	
N: <u>NW</u>	Sec: <u>36</u>	TWP: <u>45N</u>	Range: <u>3E</u>
Street: <u>Rt 120</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
			
FRAME: <u>21</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2w
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<u>1 1/2</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			

IL 422-0465



Original structures appear to be  
identical to site 2317 including garage

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2317</i>	Town: <i>McHenry</i>	
W: <i>NW</i>	Sec: <i>36</i>	TWP: <i>45N</i>	Range: <i>5E</i>
Street: <i>Rt. 120</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <i>23</i>	Pres. Funct.: <i>Office</i>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<i>1 1/2</i> or _____	Building TYPE		
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



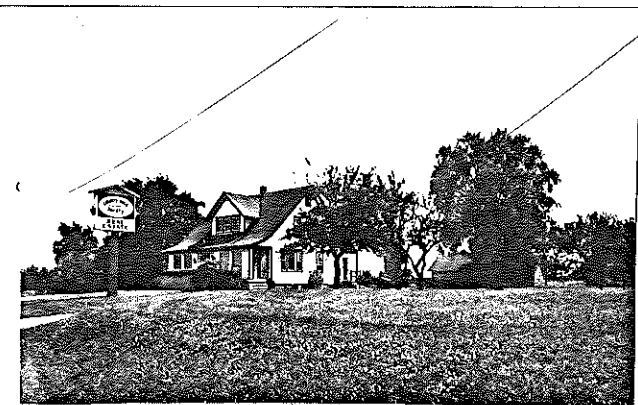
IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2315</i>	Town: <i>McHenry</i>	
W: <i>NW</i>	Sec: <i>36</i>	TWP: <i>45N</i>	Range: <i>5E</i>
Street: <i>Rt. 120</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <i>23</i>	Pres. Funct.: <i>Office</i>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<i>1 1/2</i> or _____	Building TYPE		
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

Original structure appears to be  
identical to site 2316, including grass

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2319</u>	Town: <u>McHenry</u>	
W: <u>NW</u>	Sec: <u>36</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Rt 20</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



FRAME# <u>84</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size					
or: _____	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>					
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE					
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure					
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation					
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material					
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period					
Bibliography and further notes on Reverse				BUILDING 3		Note: _____
Surveyed by: _____ Date: _____				BUILDING 4		Note: _____

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**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2320</u>	Town: <u>Bull Valley</u>	
W: <u>NW</u>	Sec: <u>7</u>	TWP: <u>44N</u>	Range: <u>8E</u>
Street: <u>Wilson Hill Rd</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input checked="" type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-2: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



FRAME# <u>85</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size					
or: _____	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>					
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE					
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure					
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation					
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof					
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Roof Material					
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period					
Bibliography and further notes on Reverse				BUILDING 3		Note: _____
Surveyed by: _____ Date: _____				BUILDING 4		Note: _____

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2321</u>	Town: <u>Bull Valley</u>
N: <u>SW</u>	Sec: <u>8</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Wagon Hill Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments:		

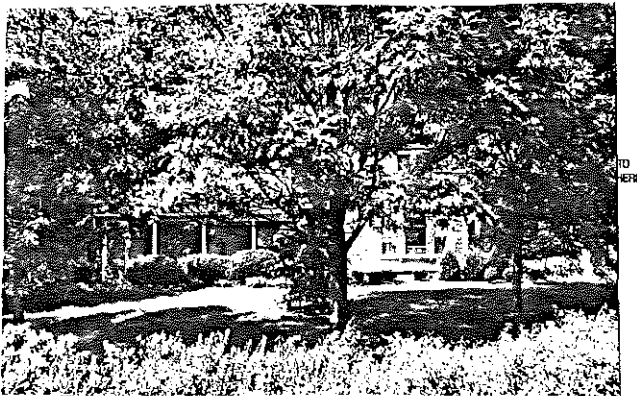


FRAME# <u>70</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
<u>1102</u> or: _____	Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cybid: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	or: _____ Note: _____
Bibliography and further notes on Reverse	BUILDING 4	or: _____ Note: _____
Surveyed by: _____ Date: _____		

R 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2322</u>	Town: <u>Bull Valley Mc Henry</u>
N: <u>NE</u>	Sec: <u>5</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Wagon Hill Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: <input type="checkbox"/> 2 <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: <u>Burnt down</u>		



FRAME# <u>77</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
<u>1102</u> or: _____	Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cybid: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	or: _____ Note: _____
Bibliography and further notes on Reverse	BUILDING 4	or: _____ Note: _____
Surveyed by: _____ Date: _____		

R 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2323</u>	Town: <u>Wonder Lake</u>
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Lake Shore Drive</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>28</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	
<u>1</u>   <u>1</u>   <u>1</u>   or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____	BUILDING 3	
	BUILDING 4	

FRAME# _____	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	
_____ or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
	BUILDING 3	
	BUILDING 4	

IL 422-0445

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2324</u>	Town: <u>Wonder Lake</u>
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Reservoir Dr.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>29</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	
<u>1</u>   <u>1</u>   <u>1</u>   or: <u>105</u> Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: _____ Date: _____	BUILDING 3	
	BUILDING 4	

FRAME# _____	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size	
_____ or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse	
	BUILDING 3	
	BUILDING 4	

IL 422-0445

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2325 Town: Wonder Lake  
 W: SW Sec: 18 TWP: 45N Range: 8E  
 Street: Pleasant Dr. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj. Barns:  3 Mj. Barns:  Corn Crib, 1  2  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 30 Pres. Funct.: Residence Same?  #1 BUILDING 2# \_\_\_\_\_

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
105 or 111 Stories: 1  1-1/2  2  2+   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbt:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Ahd:  Add, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:

Bibliography and further notes on Reverse

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?  #1 BUILDING 2# \_\_\_\_\_

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories: 1  1-1/2  2  2+   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbt:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Atr:  Vy Ahd:  Add, Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0445

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2326 Town: Wonder Lake  
 W: SW Sec: 18 TWP: 45N Range: 8E  
 Street: Pleasant Dr. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj. Barns:  3 Mj. Barns:  Corn Crib, 1  2  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 31 Pres. Funct.: Residence Same?  #1 BUILDING 2# \_\_\_\_\_

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
105 or \_\_\_\_\_ Stories: 1  1-1/2  2  2+   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbt:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Ahd:  Add, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:

Bibliography and further notes on Reverse

Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?  #1 BUILDING 2# \_\_\_\_\_

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories: 1  1-1/2  2  2+   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbt:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Atr:  Vy Ahd:  Add, Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2327 Town: Wonder Lake  
 W: SW Sec: 18 TWP: 45N Range: 8E  
 Street: Hillside Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib: 1  2  3+   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# 32 Pres. Funct.: Residence Same ?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 1 | 1 | 1 | or: \_\_\_\_\_ Stories: 1  1-1/2  2  2+   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Atrd:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

#1 BUILDING 2# FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same ?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories: 1  1-1/2  2  2+   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Atr:  Vy Atrd:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

L 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2328 Town: Wonder Lake  
 W: SW Sec: 18 TWP: 45N Range: 8E  
 Street: Hillside Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib: 1  2  3+   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldg:  Comments: \_\_\_\_\_



FRAME# 33 Pres. Funct.: Residence Same ?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 1 | 1 | 1 | or: \_\_\_\_\_ Stories: 1  1-1/2  2  2+   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Atrd:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

#1 BUILDING 2# FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same ?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories: 1  1-1/2  2  2+   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Atr:  Vy Atrd:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

L 422-0465



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2329</u>	Town: <u>Wendell Lake</u>
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>SE</u>
Street: <u>Brownish Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mjr Barns: <input type="checkbox"/> 3 Mjr Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

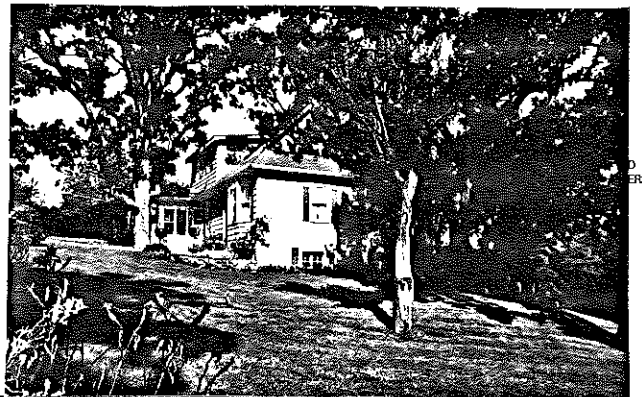


FRAME# <u>34</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size					
<u>1 1/2</u> Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE					
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure					
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof					
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity					
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Period					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE					
Surveyed by: _____ Date: _____			BUILDING 3	or: _____ Note: _____		
			BUILDING 4	or: _____ Note: _____		

L 422-0485


**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2330</u>	Town: <u>Wendell Lake</u>
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>SE</u>
Street: <u>Brownish Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mjr Barns: <input type="checkbox"/> 3 Mjr Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		




FRAME# <u>35</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size					
<u>1 1/2</u> Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE					
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure					
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof					
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity					
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE					
Surveyed by: _____ Date: _____			BUILDING 3	or: _____ Note: _____		
			BUILDING 4	or: _____ Note: _____		

L 422-0485

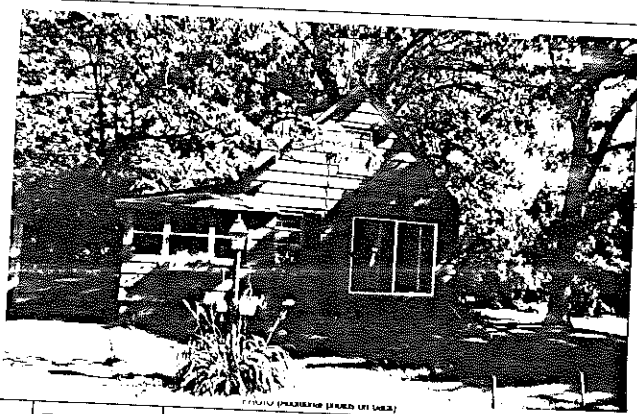
ILLINOIS RURAL SURVEY				VIEW TO BE PHOTOGRAPHED			
County: <u>McH</u>	Site #: <u>2331</u>	Town: <u>Woods Lake</u>					
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>SE</u>				
Street: <u>Greenleaf Dr.</u>		Street View: <input checked="" type="checkbox"/>					
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>							
FARMSTEAD <input type="checkbox"/> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments:							
FRAME# <u>36</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>		#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function			Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size			Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Building TYPE		
<u>108</u> or <u>103</u>	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>			Building TYPE			
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure			Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material			Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation			Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof			Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material			Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity			Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Addl, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period			Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Addl, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse			1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Surveyed by: _____ Date: _____				BUILDING 3			
				BUILDING 4			

IL 422-0465

ILLINOIS RURAL SURVEY				VIEW TO BE PHOTOGRAPHED			
County: <u>McH</u>	Site #: <u>2332</u>	Town: <u>Woods Lake</u>					
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>				
Street: <u>Oakwood Dr.</u>		Street View: <input checked="" type="checkbox"/>					
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>							
FARMSTEAD <input type="checkbox"/> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments:							
FRAME# <u>1</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>		#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function			Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size			Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Building TYPE		
<u>7</u> or <u>Cottage</u>	Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>			Building TYPE			
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure			Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material			Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation			Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof			Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input checked="" type="checkbox"/> Hip: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material			Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity			Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input checked="" type="checkbox"/> Vy Altr: <input type="checkbox"/> Addl, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period			Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Addl, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse			1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Surveyed by: _____ Date: _____				BUILDING 3			
				BUILDING 4			

IL 422-0465

### ILLINOIS RURAL SURVEY

County: <u>McH</u>	Site #: <u>2333</u>	Town: <u>Wonder Lake</u>		
W: <u>SW</u>	Sec: <u>15</u>	TWP: <u>45N</u>	Range: <u>5E</u>	
Street: <u>Oakwood Dr.</u>		Street View: <input type="checkbox"/>		
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>				

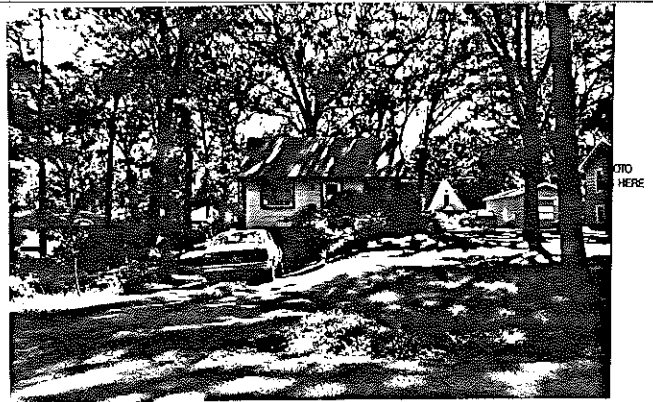
  

FARMSTEAD <input type="checkbox"/>	
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>	
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>	
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>	
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____	

FRAME# <u>2</u> Pres. Fund.: <u>Residential</u> Same? <input type="checkbox"/>	#1 BUILDING 2# _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function _____
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size _____
_____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE _____ or _____
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure _____
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material _____
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation _____
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof _____
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period _____
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3 _____ or _____ Note: _____
Bibliography and further notes on Reverse	BUILDING 4 _____ or _____ Note: _____
Surveyed by: _____ Date: _____	

### ILLINOIS RURAL SURVEY

County: <u>McH</u>	Site #: <u>1334</u>	Town: <u>Wonder Lake</u>		
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>6E</u>	
Street: <u>Park Dr.</u>		Street View: <input checked="" type="checkbox"/>		
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>				

FARMSTEAD <input type="checkbox"/>	
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>	
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>	
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>	
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____	

FRAME# <u>13</u> Pres. Fund.: <u>Residential</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function _____
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size _____
_____ or _____ Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE _____ or _____
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure _____
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material _____
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation _____
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof _____
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period _____
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3 _____ or _____ Note: _____
Bibliography and further notes on Reverse	BUILDING 4 _____ or _____ Note: _____
Surveyed by: _____ Date: _____	

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2335</u>	Town: <u>Wendler Falls</u>
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Park Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



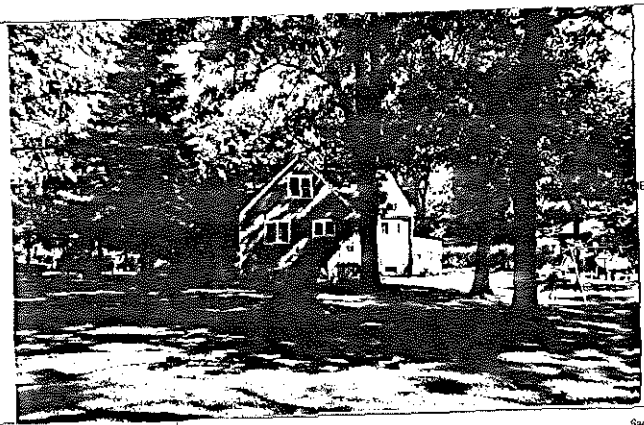
FRAME# <u>4</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	
<u>    </u> or _____	Stones: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cybid: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same ? <input type="checkbox"/>
Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
Building TYPE	<u>    </u> or _____	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Siding material	Cybid: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Note: _____	
BUILDING 4	_____ or _____	Note: _____	

IL 422-0445

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2336</u>	Town: <u>Wendler Falls</u>
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Oakwood Dr / Park Dr.</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>5</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	
<u>    </u> or _____	Stones: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cybid: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same ? <input type="checkbox"/>
Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
Building TYPE	<u>    </u> or _____	Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Siding material	Cybid: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Note: _____	
BUILDING 4	_____ or _____	Note: _____	

IL 422-0445

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2337</u>	Town: <u>Wonder Lake</u>
W: <u>SW</u>	Sec: <u>15</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Oak Dr.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj. Barns:  3 Mj. Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>6</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>1</u>   <u>1</u>   <u>1</u>   <u>1</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	
Surveyed by: _____ Date: _____	BUILDING 4	

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
_____ or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
_____	BUILDING 3	
_____	BUILDING 4	

I. 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2338</u>	Town: <u>Wonder Lake</u>
W: <u>SW</u>	Sec: <u>15</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Wooded Shores Dr</u>		Street View: <input type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 Mj. Barns:  3 Mj. Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



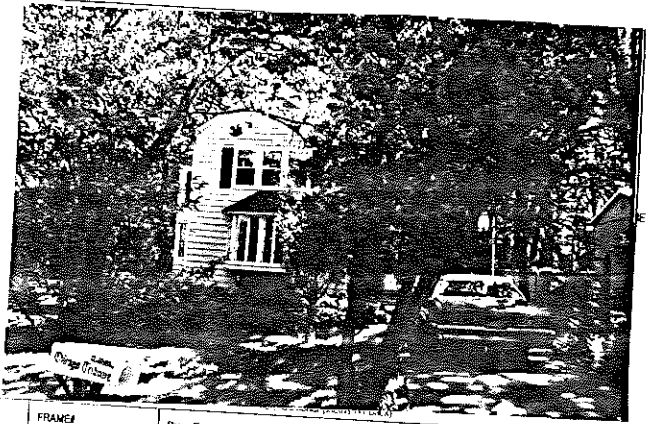
FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
<u>1</u>   <u>1</u>   <u>1</u>   <u>1</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	
Surveyed by: _____ Date: _____	BUILDING 4	

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	
_____ or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
_____	BUILDING 3	
_____	BUILDING 4	

I. 422-0485

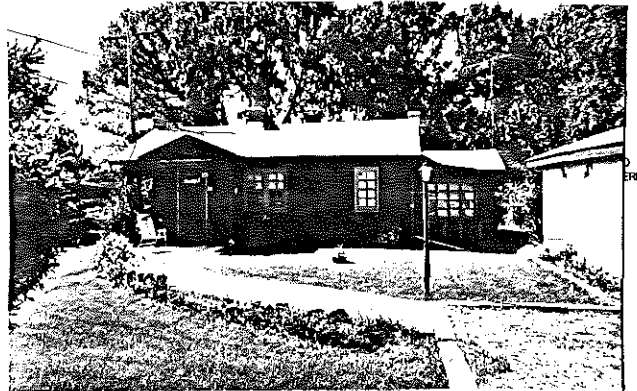
### ILLINOIS RURAL SURVEY

County: <u>McH</u>	Site #: <u>2339</u>	Town: <u>Wonder Lake</u>	
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Park Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>8</u>	Pres. Funct.: <u>Residence</u>		
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Same? <input checked="" type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		FRAME# _____ Pres. Funct.: _____	
<u>11021</u> or _____		Original Function _____	
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		Condition/use/size _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		Building TYPE _____	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		Structure _____	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		Siding material _____	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		Foundation _____	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		Roof _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		Roof Material _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>		Integrity _____	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>		Period _____	
Bibliography and further notes on Reverse		BUILDING 3 _____	
Surveyed by: _____ Date: _____		or _____ Note: _____	
		BUILDING 4 _____	
		or _____ Note: _____	

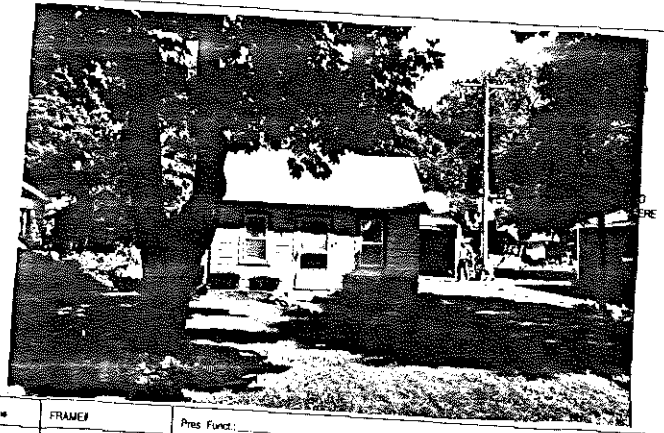


### ILLINOIS RURAL SURVEY

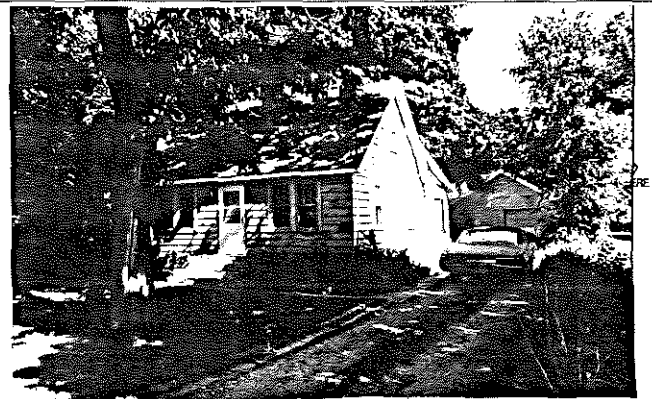
County: <u>McH</u>	Site #: <u>2340</u>	Town: <u>Wonder Lake</u>	
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Beaver Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>9</u>	Pres. Funct.: <u>Residence</u>		
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Same? <input checked="" type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		FRAME# _____ Pres. Funct.: _____	
<u>11111</u> or _____		Original Function _____	
Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Condition/use/size _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		Building TYPE _____	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		Structure _____	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		Siding material _____	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		Foundation _____	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		Roof _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		Roof Material _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		Integrity _____	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>		Period _____	
Bibliography and further notes on Reverse		BUILDING 3 _____	
Surveyed by: _____ Date: _____		or _____ Note: _____	
		BUILDING 4 _____	
		or _____ Note: _____	



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2341</u>	Town: <u>Wonder Lake</u>	
N: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>SE</u>
Street: <u>Beaver Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
<p>FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>10</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	#1 BUILDING 2#		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Original Function		
or: <u>100</u>	Condition/use/size		
Stories: 1 <input checked="" type="checkbox"/> 1-1/2 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Siding material		
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Foundation		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
Roof			
Roof Material			
Integrity			
Period			
BUILDING 3			
or: _____ Note: _____			
BUILDING 4			
or: _____ Note: _____			



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2342</u>	Town: <u>Wonder Lake</u>	
N: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>SE</u>
Street: <u>Beaver Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
<p>FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>11</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	#1 BUILDING 2#		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Original Function		
or: _____	Condition/use/size		
Stories: 1 <input type="checkbox"/> 1-1/2 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 2+ <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Siding material		
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Foundation		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
Roof			
Roof Material			
Integrity			
Period			
BUILDING 3			
or: _____ Note: _____			
BUILDING 4			
or: _____ Note: _____			

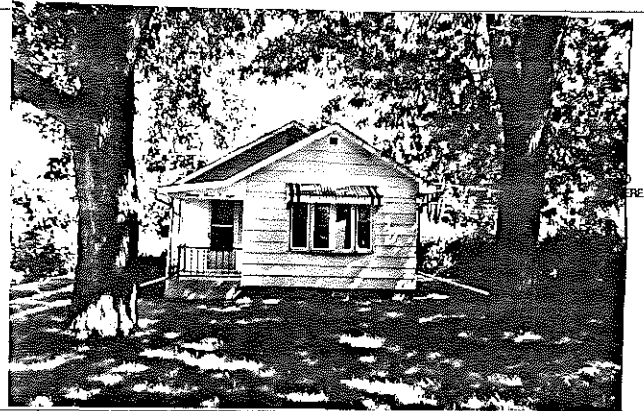




ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2343</i>	Town: <i>Wonder Lake</i>	
W: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Beaver Dr.</i>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
<small>© 1994 by University of Illinois at Urbana-Champaign</small>			
FRAME# <i>12</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<i>1 1/2</i> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbd: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse		BUILDING 3	or _____ Note: _____
Surveyed by: _____ Date: _____		BUILDING 4	or _____ Note: _____



ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2344</i>	Town: <i>Wonder Lake</i>	
W: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Beaver Dr.</i>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
<small>© 1994 by University of Illinois at Urbana-Champaign</small>			
FRAME# <i>12</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<i>1 1/2</i> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse		BUILDING 3	or _____ Note: _____
Surveyed by: _____ Date: _____		BUILDING 4	or _____ Note: _____





**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2345</i>	Town: <i>Woods Lake</i>
W: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>SE</i>
Street: <i>Beaver Dr.</i>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Com Crbs, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <i>14</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	
<i>1</i>   <i>1</i>   <i>1</i>   <i>1</i>	or	Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	or Note:
Surveyed by: _____ Date: _____	BUILDING 4	or Note:

IL 422-0455

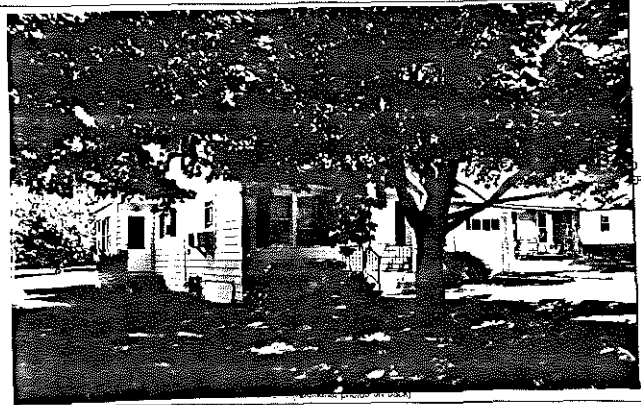
**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2346</i>	Town: <i>Woods Lake</i>
W: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>SE</i>
Street: <i>Beaver Rd.</i>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Com Crbs, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <i>15</i>	Pres. Funct.: <i>Residence</i>	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	
<i>1</i>   <i>1</i>   <i>1</i>   <i>1</i>	or	Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	or Note:
Surveyed by: _____ Date: _____	BUILDING 4	or Note:

IL 422-0455

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2347 Town: Woods Lake  
 W: SW Sec: 18 TWP: 45N Range: SE  
 Street: Beaver Dr. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:   
 FARMSTEAD   
 House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments:



FRAME# 16 Pres. Funct.: Residence Same?   
 Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 1 | 1 | 1 | 1 or: Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weathrbt:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Pyr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 1700-1799:  1800-1899:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

=1 BUILDING 2= FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?   
 Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weathrbt:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Pyr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1899:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2348 Town: Woods Lake  
 W: SW Sec: 18 TWP: 45N Range: SE  
 Street: Beaver Dr. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:   
 FARMSTEAD   
 House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments:

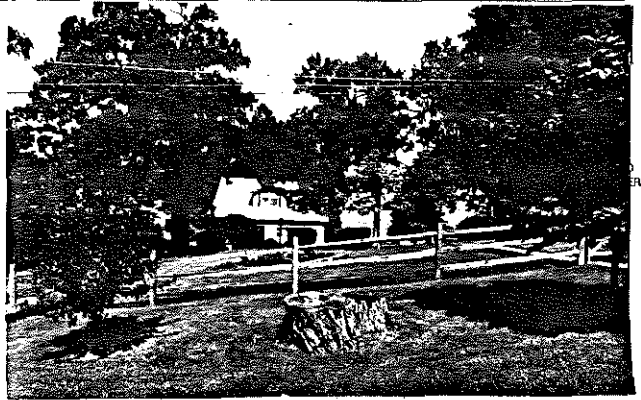


FRAME# 17 Pres. Funct.: Residence Same?   
 Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 1 | 1 | 1 | 1 or: Stories, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weathrbt:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Pyr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 1700-1799:  1800-1899:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

=1 BUILDING 2= FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?   
 Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weathrbt:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Pyr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1899:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2349</i>	Town: <i>Woods Lake</i>	
W: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Lake Shore Dr.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>18</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<i>11078</i> or _____	Denominated: _____ Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Akl: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



4. 422-0465

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2350</i>	Town: <i>Woods Lake</i>	
W: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Lake Shore Dr./Beach Dr.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>19</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<i>1110</i> or _____	Denominated: _____ Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Akl: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



4. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site # <u>2350</u>	Town: <u>Wonder Lake</u>
N: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Beach Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		

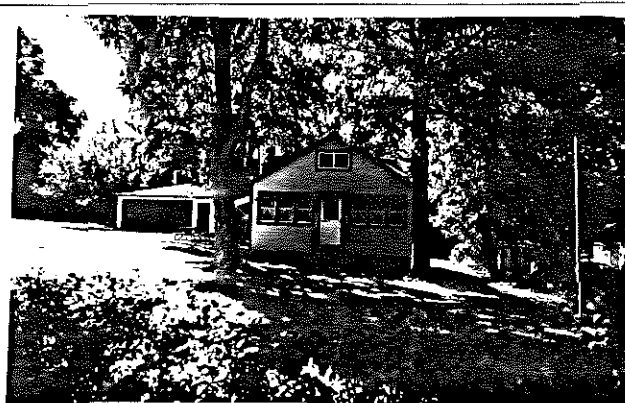


FRAME# <u>1920</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Building TYPE	Stones: 1: <input checked="" type="checkbox"/> 1-W: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof	Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	or: _____ Note: _____
Bibliography and further notes on Reverse			BUILDING 4	or: _____ Note: _____			
Surveyed by: _____ Date: _____							

E 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site # <u>2352</u>	Town: <u>Wonder Lake</u>
N: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Beach Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



FRAME# <u>21</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Building TYPE	Stones: 1: <input type="checkbox"/> 1-W: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof	Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	or: _____ Note: _____
Bibliography and further notes on Reverse			BUILDING 4	or: _____ Note: _____			
Surveyed by: _____ Date: _____							

E 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2353</i>	Town: <i>Wonderlake</i>
N: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Beach Rd.</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <i>22</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<i>1111</i> or _____ Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vv Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vv Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____	BUILDING 4	

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2354</i>	Town: <i>Wonderlake</i>
N: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Beach Rd.</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <i>23</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<i>1111</i> or _____ Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vv Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vv Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____	BUILDING 4	

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2355</u>	Town: <u>Wonder Lake</u>
R: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Beach Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses  1 Major Barn  2 Mj Barns  3 Mj Barns  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed  Grainary  Smokehouse  Summer Kitchen  Silo  Windmill

Grain Bins:  Pump House  Hog Houses  Chicken Coop  Outhouse  Mobile Homes

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>24</u>	Pres. Funct: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1 1/2</u> or _____	Building TYPE		
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Siding material		
Cpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other _____	Integrity		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other _____	Period		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Bibliography and further notes on Reverse		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Surveyed by: _____ Date: _____		

FRAME#	Pres. Funct:	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
_____ or _____	Building TYPE		
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other _____	Siding material		
Cpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other _____	Integrity		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other _____	Period		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Bibliography and further notes on Reverse		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Surveyed by: _____ Date: _____		

L 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2356</u>	Town: <u>Wonder Lake</u>
R: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Beach Rd.</u>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses  1 Major Barn  2 Mj Barns  3 Mj Barns  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed  Grainary  Smokehouse  Summer Kitchen  Silo  Windmill

Grain Bins:  Pump House  Hog Houses  Chicken Coop  Outhouse  Mobile Homes

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>25</u>	Pres. Funct: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1 1/2</u> or _____	Building TYPE		
Stones, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Siding material		
Cpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other _____	Integrity		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other _____	Period		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Bibliography and further notes on Reverse		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Surveyed by: _____ Date: _____		

FRAME#	Pres. Funct:	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
_____ or _____	Building TYPE		
Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other _____	Siding material		
Cpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other _____	Integrity		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other _____	Period		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Bibliography and further notes on Reverse		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Surveyed by: _____ Date: _____		

L 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2357</u>	Town: <u>Woods Lake</u>
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Beach Rd</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

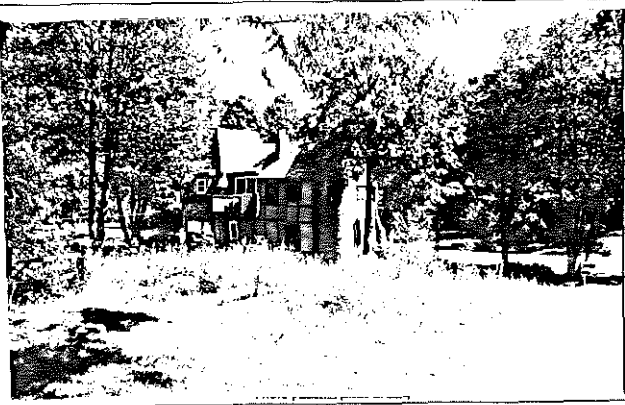


FRAME# <u>26</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/use/size	
or: _____	Building TYPE	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vt Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	or: _____ Note: _____
Bibliography and further notes on Reverse	BUILDING 4	or: _____ Note: _____
Surveyed by: _____ Date: _____		

IL 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2358</u>	Town: <u>Woods Lake</u>
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Beach Rd</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>27</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/use/size	
or: _____	Building TYPE	Stones, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input checked="" type="checkbox"/> Vt Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	or: _____ Note: _____
Bibliography and further notes on Reverse	BUILDING 4	or: _____ Note: _____
Surveyed by: _____ Date: _____		

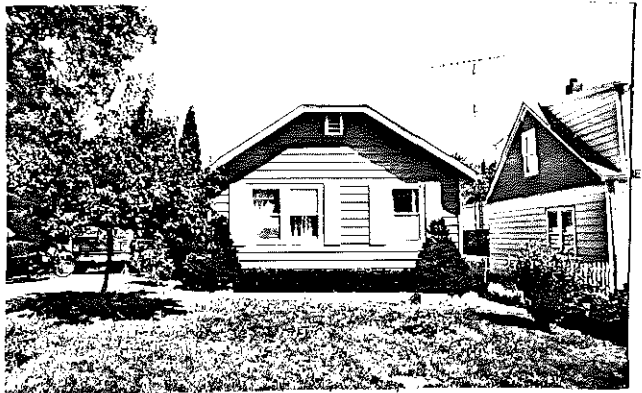
IL 422-0455

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2359</u>	Town: <u>Wonder Lake</u>	
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Bear Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
<p style="text-align: center;">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>15</u>	Pres. Funct.: <u>Residence</u>	Same ? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
<u>1</u>   <u>1</u>   <u>1</u>   or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	<u>1</u>   <u>1</u>   <u>1</u>   or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vv Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vv Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Note: _____
Bibliography and further notes on Reverse	BUILDING 4		Note: _____
Surveyed by: _____	Date: _____		



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2360</u>	Town: <u>Wonder Lake</u>	
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Bear Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
<p style="text-align: center;">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>29</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
<u>1</u>   <u>1</u>   <u>1</u>   or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	<u>1</u>   <u>1</u>   <u>1</u>   or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vv Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vv Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Note: _____
Bibliography and further notes on Reverse	BUILDING 4		Note: _____
Surveyed by: _____	Date: _____		



IL 422-0465



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2361</u>	Town: <u>Woods Lake</u>
N: <u>300</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Beach Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>30</u>	Pres. Funct: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>1 1/2</u> or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy. Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	_____ or: _____	Note:
Surveyed by: _____ Date: _____	BUILDING 4	_____ or: _____



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2362</u>	Town: <u>Woods Lake</u>
N: <u>300</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Beach Rd.</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>31</u>	Pres. Funct: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>1 1/2</u> or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or: _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy. Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	_____ or: _____	Note:
Surveyed by: _____ Date: _____	BUILDING 4	_____ or: _____



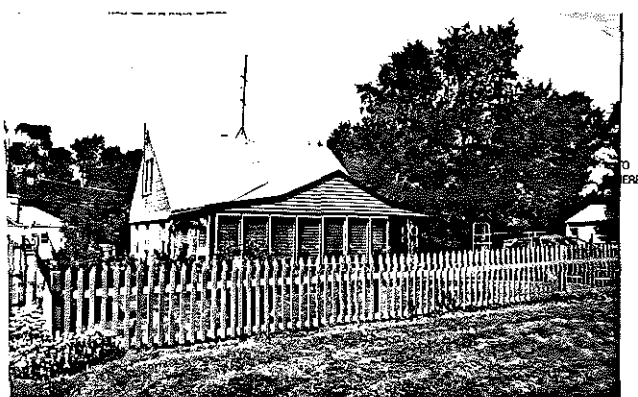
IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2363</u>	Town: <u>Wonder Lake</u>	
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Back Rd/Wonder Lake Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
Houses: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>32</u>	Pres. Fund.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<u>1 1/2</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input type="checkbox"/> Weathrbt: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vly Ahd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



I. 422-0465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2364</u>	Town: <u>Wonder Lake</u>	
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Wonder Lake Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
Houses: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>33</u>	Pres. Fund.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size		
<u>1 1/2</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipbt: <input type="checkbox"/> Weathrbt: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vly Ahd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



I. 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>23605</i>	Town: <i>Wonder Lake</i>
W: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Wonder Lake Rd.</i>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainary:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <i>34</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Useless	
<i>1 1 1</i> or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	
Surveyed by: _____ Date: _____	BUILDING 4	

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Useless	
_____ or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	
Surveyed by: _____ Date: _____	BUILDING 4	

L 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>23666</i>	Town: <i>Wonder Lake</i>
W: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Pleasant Rd.</i>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainary:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



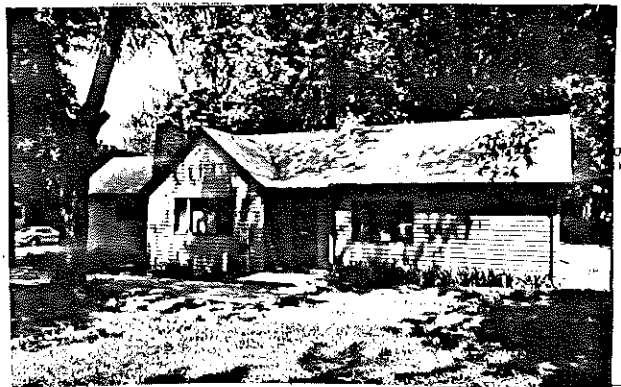
FRAME# <i>35</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Useless	
<i>1 1 1</i> or: <i>105</i>	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	
Surveyed by: _____ Date: _____	BUILDING 4	

FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Useless	
_____ or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse	BUILDING 3	
Surveyed by: _____ Date: _____	BUILDING 4	

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**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2367</i>	Town: <i>Wonder Lake</i>
W: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Pheasant Rd.</i>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



OTO  
HERE

FRAME# <i>36</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function			Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size			Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
<i>1111</i> or <i>105</i>	Building TYPE			<i>1111</i> or <i>105</i>	Notes:	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure			Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material			Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation			Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof			Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material			Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity			Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period			Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE			1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			BUILDING 3	Notes:		
Surveyed by: _____ Date: _____			BUILDING 4	Notes:		

L 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2368</i>	Town: <i>Wonder Lake</i>
W: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Pheasant Rd.</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



OTO  
HERE

FRAME# <i>1</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function			Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size			Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
<i>1110</i> or _____	Building TYPE			<i>1110</i> or _____	Notes:	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure			Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material			Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation			Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof			Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input type="checkbox"/> Hip: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material			Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity			Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period			Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE			1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			BUILDING 3	Notes:		
Surveyed by: _____ Date: _____			BUILDING 4	Notes:		

L 422-0465

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2369</i>	Town: <i>Wonder Lake</i>	
W: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Phonant Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>2</i>	Pres. Funct: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<i>1</i>   <i>0</i>   <i>0</i>   or: <i>1</i>   <i>1</i>   <i>1</i>   Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse		or: _____ Note: _____	
Surveyed by: _____ Date: _____		BUILDING 4	
		or: _____ Note: _____	



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2370</i>	Town: <i>Wonder Lake</i>	
W: <i>SW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Phonant Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>3</i>	Pres. Funct: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		
<i>1</i>   <i>1</i>   <i>1</i>   or: <i>1</i>   <i>1</i>   <i>1</i>   Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Clpbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3		
Bibliography and further notes on Reverse		or: _____ Note: _____	
Surveyed by: _____ Date: _____		BUILDING 4	
		or: _____ Note: _____	



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2371 Town: Windsor Lake  
 R: SW Sec: 14 TWP: 45N Range: 6E  
 Street: Pheasant Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 4 Pres. Funct: Residence Same?

Residence:  Outbuilding  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 1 1 1 or Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct: \_\_\_\_\_ Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

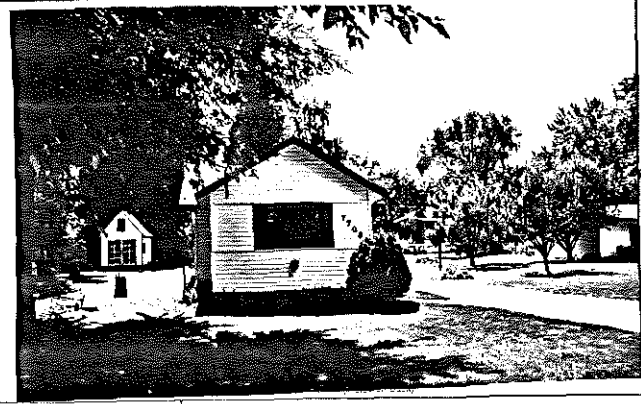
B. 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2372 Town: Windsor Lake  
 R: SW Sec: 18 TWP: 45N Range: 6E  
 Street: Pheasant Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 5 Pres. Funct: Residence Same?

Residence:  Outbuilding  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 1 1 1 or Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct: \_\_\_\_\_ Same?

Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Lrg  Md  Sm   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clpbd:  Weatherbd:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Altr:  Vy Altr:  Add., Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

B. 422-0465

### ILLINOIS RURAL SURVEY

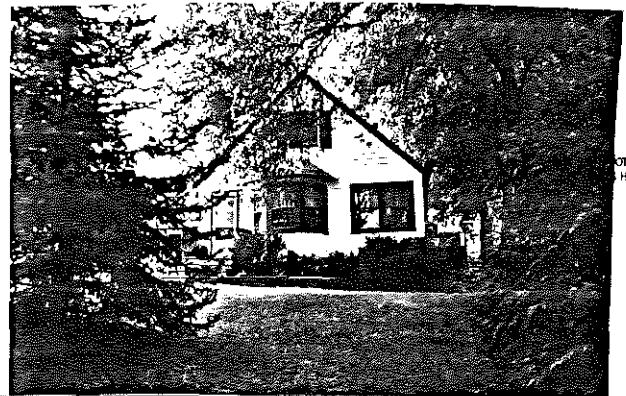
County: <u>McH</u>	Site #: <u>2373</u>	Town: <u>Wonder Lake</u>	
W: <u>SW</u>	Sec: <u>15</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Pleasant Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>6</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size		
or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



K 422-0456

### ILLINOIS RURAL SURVEY

County: <u>McH</u>	Site #: <u>2374</u>	Town: <u>Wonder Lake</u>	
W: <u>SW</u>	Sec: <u>15</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Pleasant Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/use/size		
or: _____	Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Clpbd: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



OTO HERE

K 422-0455

ILLINOIS RURAL SURVEY

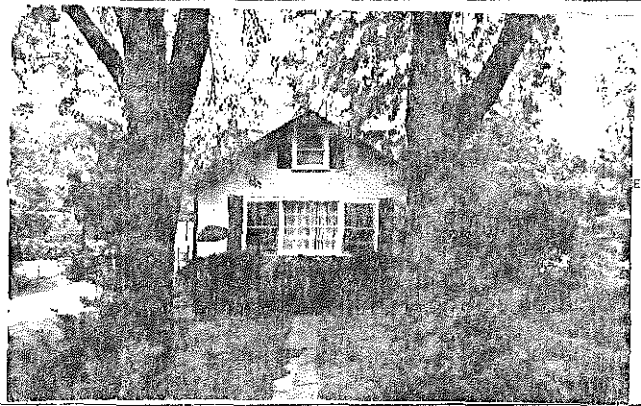
County: <u>McH</u>	Site #: <u>2375</u>	Town: <u>Wooden Lake</u>
W: <u>SW</u>	Sec: <u>15</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Pleasant Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Granary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>3</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	• 1 BUILDING 2 •	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>			
<u>105</u> or _____	Building TYPE		_____ or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cipbd: <input type="checkbox"/> Weathrbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adj., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse		1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Surveyed by: _____ Date: _____	BUILDING 3		_____ or _____	Note:		
	BUILDING 4		_____ or _____	Note:		

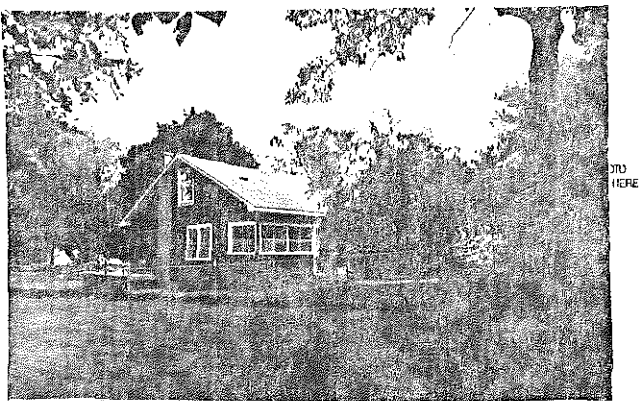


ILLINOIS RURAL SURVEY			
County: <i>Mad</i>	Site #: <i>10316</i>	Town: <i>Windsor Park</i>	
N: <i>SW</i>	Sec: <i>16</i>	TWP: <i>12N</i>	Range: <i>7E</i>
Street: <i>Pleasant Pl.</i>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 My Barns <input type="checkbox"/> 3 My Barns <input type="checkbox"/> Cow Crb. 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed <input type="checkbox"/> Grainary <input type="checkbox"/> Smokehouse <input type="checkbox"/> Summer Kitchen <input type="checkbox"/> Silo <input type="checkbox"/> Windmill <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House <input type="checkbox"/> Hog Houses <input type="checkbox"/> Chicken Coop <input type="checkbox"/> Outhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>1</i>	Pres. Funct.: <i>Residence</i>	Same? <input type="checkbox"/>	#1 BUILDING 2a
Residence <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated <input type="checkbox"/> Abandoned <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Structure		
Cipds <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Siding material		
Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>		
Brick <input type="checkbox"/> Stoner <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input checked="" type="checkbox"/> Tile <input type="checkbox"/>	Foundation		
Gable <input checked="" type="checkbox"/> Hipcd <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof		
Asphalt Shngl <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Roof Material		
Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Altr <input type="checkbox"/> Vy Altr <input type="checkbox"/> Add. Major <input type="checkbox"/> Minor <input type="checkbox"/>	Integrity		
1700-1799 <input type="checkbox"/> 1800-1899 <input type="checkbox"/> 1890-1910 <input type="checkbox"/> 1910-1945 <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>	#1 BUILDING 2a
Residence <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated <input type="checkbox"/> Abandoned <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Structure		
Cipds <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Siding material		
Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>		
Brick <input type="checkbox"/> Stoner <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>	Foundation		
Gable <input type="checkbox"/> Hipcd <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof		
Asphalt Shngl <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Roof Material		
Good <input type="checkbox"/> Fair <input type="checkbox"/> Altr <input type="checkbox"/> Vy Altr <input type="checkbox"/> Add. Major <input type="checkbox"/> Minor <input type="checkbox"/>	Integrity		
1700-1799 <input type="checkbox"/> 1800-1899 <input type="checkbox"/> 1890-1910 <input type="checkbox"/> 1910-1945 <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

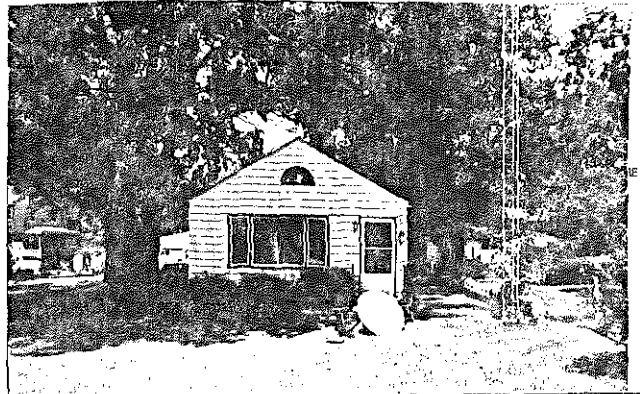
ILLINOIS RURAL SURVEY			
County: <i>Mad</i>	Site #: <i>10317</i>	Town: <i>Windsor Park</i>	
N: <i>SW</i>	Sec: <i>16</i>	TWP: <i>12N</i>	Range: <i>7E</i>
Street: <i>Pleasant Pl.</i>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 My Barns <input type="checkbox"/> 3 My Barns <input type="checkbox"/> Cow Crb. 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed <input type="checkbox"/> Grainary <input type="checkbox"/> Smokehouse <input type="checkbox"/> Summer Kitchen <input type="checkbox"/> Silo <input type="checkbox"/> Windmill <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House <input type="checkbox"/> Hog Houses <input type="checkbox"/> Chicken Coop <input type="checkbox"/> Outhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>1</i>	Pres. Funct.: <i>Residence</i>	Same? <input type="checkbox"/>	#1 BUILDING 2a
Residence <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated <input type="checkbox"/> Abandoned <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Structure		
Cipds <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Siding material		
Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>		
Brick <input type="checkbox"/> Stoner <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input checked="" type="checkbox"/> Tile <input type="checkbox"/>	Foundation		
Gable <input type="checkbox"/> Hipcd <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof		
Asphalt Shngl <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Roof Material		
Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Altr <input type="checkbox"/> Vy Altr <input type="checkbox"/> Add. Major <input type="checkbox"/> Minor <input type="checkbox"/>	Integrity		
1700-1799 <input type="checkbox"/> 1800-1899 <input type="checkbox"/> 1890-1910 <input type="checkbox"/> 1910-1945 <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			
FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>	#1 BUILDING 2a
Residence <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated <input type="checkbox"/> Abandoned <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Structure		
Cipds <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Siding material		
Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>		
Brick <input type="checkbox"/> Stoner <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>	Foundation		
Gable <input type="checkbox"/> Hipcd <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof		
Asphalt Shngl <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Roof Material		
Good <input type="checkbox"/> Fair <input type="checkbox"/> Altr <input type="checkbox"/> Vy Altr <input type="checkbox"/> Add. Major <input type="checkbox"/> Minor <input type="checkbox"/>	Integrity		
1700-1799 <input type="checkbox"/> 1800-1899 <input type="checkbox"/> 1890-1910 <input type="checkbox"/> 1910-1945 <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>1379</u>	Town: <u>Union Lake</u>
R: <u>SW</u>	Sec: <u>18</u>	TWP: <u>15N</u> Range: <u>1E</u>
Street: <u>1000 Orchard Rd.</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Hjr Barns: <input type="checkbox"/> 3 Mjr Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Sto: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		

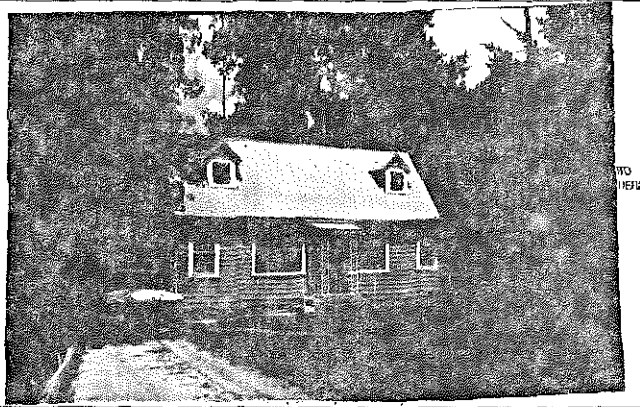


FRAME# <u>1379</u> Pres. Funct: <u>Residence</u> Same? <input checked="" type="checkbox"/>	w/1 BUILDING 2w
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size
<u>1 1/2</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof
Dable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vly Alt: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3
Bibliography and further notes on Reverse	BUILDING 4
Surveyed by: _____ Date: _____	

R 422-0483

**ILLINOIS RURAL SURVEY**

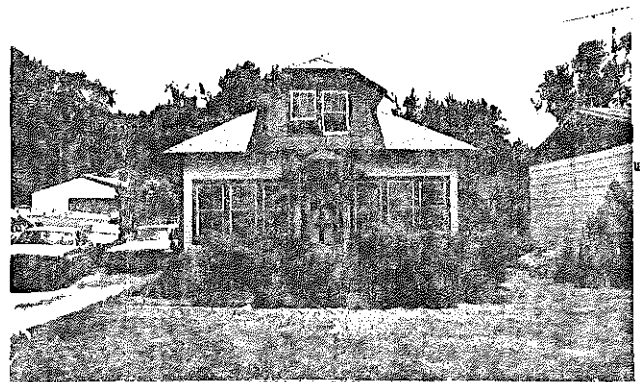
County: <u>McH</u>	Site #: <u>1379</u>	Town: <u>Union Lake</u>
R: <u>SW</u>	Sec: <u>18</u>	TWP: <u>15N</u> Range: <u>1E</u>
Street: <u>1000 Orchard Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Hjr Barns: <input type="checkbox"/> 3 Mjr Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Sto: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



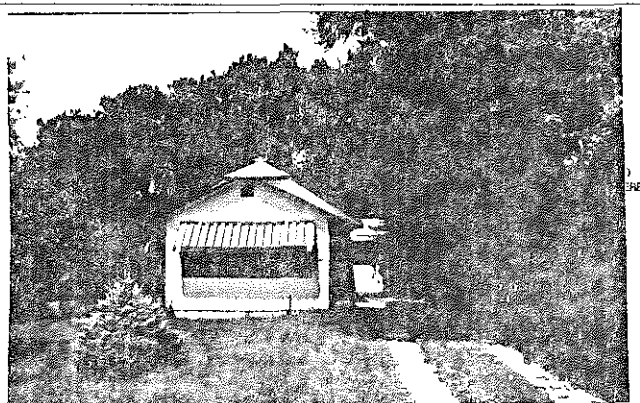
FRAME# <u>1379</u> Pres. Funct: <u>Residence</u> Same? <input checked="" type="checkbox"/>	w/1 BUILDING 2w
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size
<u>1 1/2</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof
Dable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vly Alt: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3
Bibliography and further notes on Reverse	BUILDING 4
Surveyed by: _____ Date: _____	

R 422-0483

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2350</u>	Town: <u>Woodstock</u>	
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>5N</u>	Range: <u>5E</u>
Street: <u>Onward Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME: <u>17</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2w
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log: <input type="checkbox"/> Mt: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Status		
<u>1</u>   <u>0</u>   or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy. Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1800-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		
	BUILDING 3	or:	Note:
	BUILDING 4	or:	Note:



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2350</u>	Town: <u>Woodstock</u>	
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>5N</u>	Range: <u>5E</u>
Street: <u>Onward Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME: <u>17</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2w
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log: <input type="checkbox"/> Mt: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Status		
<u>1</u>   <u>0</u>   or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy. Alt: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1800-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		
	BUILDING 3	or:	Note:
	BUILDING 4	or:	Note:



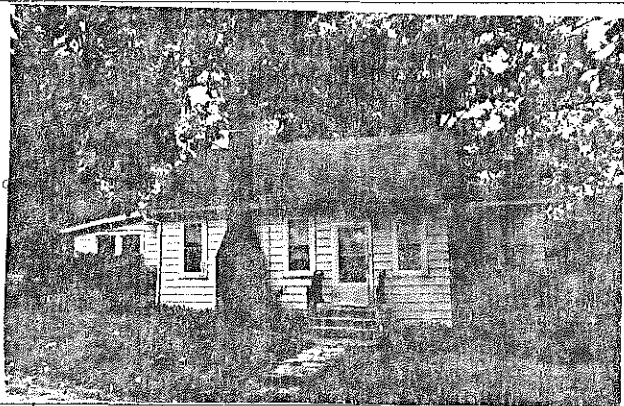
**ILLINOIS RURAL SURVEY**

County: McH Site #: 1382 Town: Windsor  
 W: 100 Sec: 15 TWP: 45N Range: 9E  
 Street: Windsor Rd. Street View:

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mech. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Home:   
 Sheds: 1:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>1382</u>	Pris. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	BUILDING 2#	FRAME#	Pris. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
<u>1</u>   <u>1</u>   <u>1</u>   or: _____	Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		BUILDING 3			
			BUILDING 4			

IL 422-0465

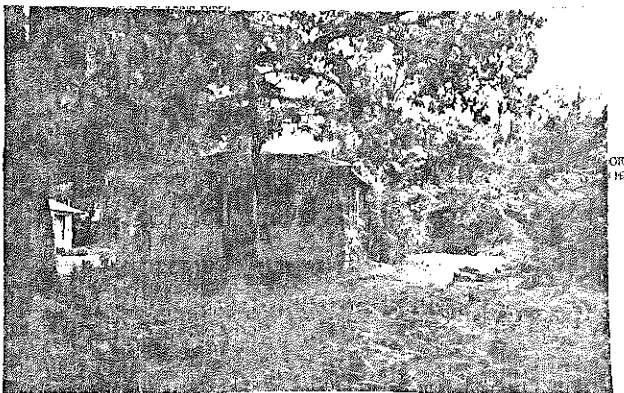
**ILLINOIS RURAL SURVEY**

County: McH Site #: 1382 Town: Windsor  
 W: 100 Sec: 15 TWP: 45N Range: 9E  
 Street: Windsor Rd. Street View:

Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj Barns:  3 Mj Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mech. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Home:   
 Sheds: 1:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_

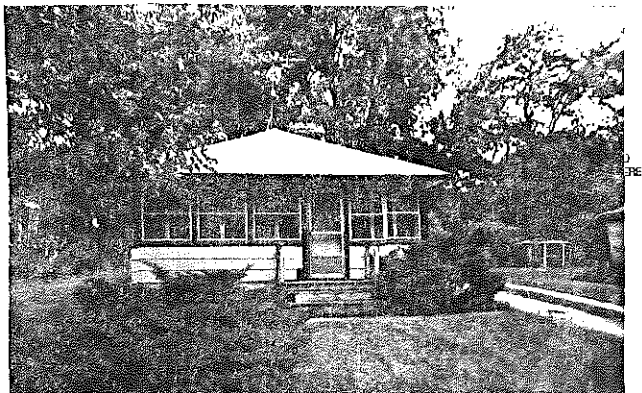


FRAME# <u>1382</u>	Pris. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	BUILDING 2#	FRAME#	Pris. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
<u>1</u>   <u>1</u>   <u>1</u>   or: _____	Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Clpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		BUILDING 3			
			BUILDING 4			

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2584</u>	Town: <u>Wonder Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>SE</u>
Street: <u>Hocking Rd</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

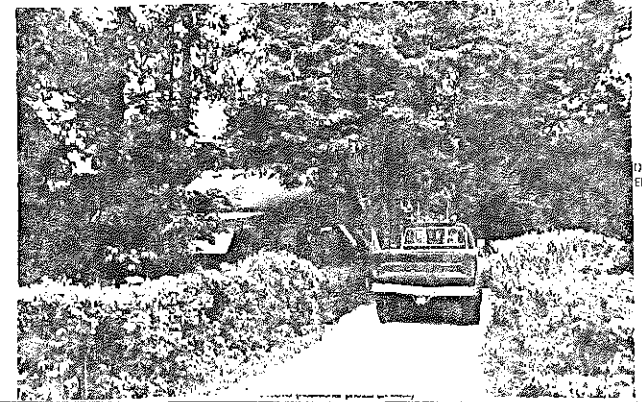


FRAME# <u>15</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>1</u> or <u>1</u> Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	<u>1</u> or <u>1</u> Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vt. Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vt. Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	<u> </u> or <u> </u> Note: _____
Bibliography and further notes on Reverse	BUILDING 4	<u> </u> or <u> </u> Note: _____
Surveyed by: _____ Date: _____		

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>1585</u>	Town: <u>Wonder Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>SE</u>
Street: <u>Hocking Rd</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

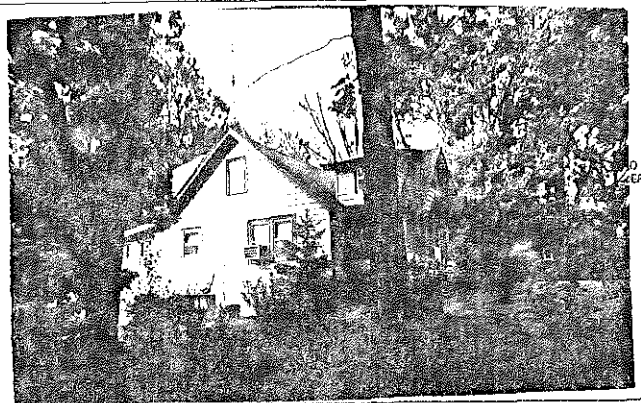


FRAME# <u>15</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>1</u> or <u>1</u> Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	<u>1</u> or <u>1</u> Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vt. Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vt. Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	<u> </u> or <u> </u> Note: _____
Bibliography and further notes on Reverse	BUILDING 4	<u> </u> or <u> </u> Note: _____
Surveyed by: _____ Date: _____		

IL 422-0465

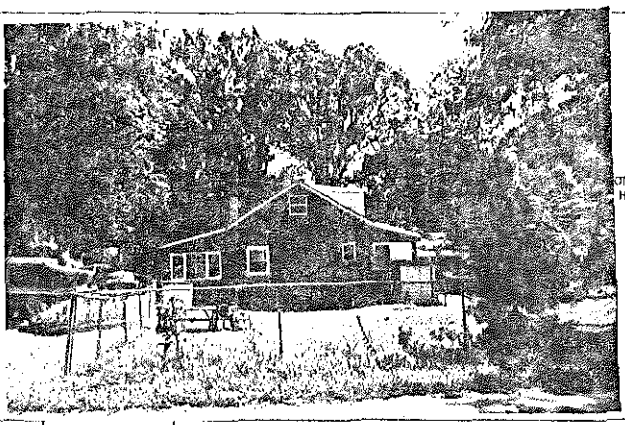


ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2390</u>	Town: <u>Waukegan</u>	
W: <u>15W</u>	Sec: <u>15</u>	TWP: <u>45N</u>	Range: <u>7E</u>
Street: <u>Hickory Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Com Crbs: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Elev: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>00</u>	Pres. Funct.: <u>Residence</u>	Same ? <input type="checkbox"/>	FRAME# _____ Pres. Funct.: _____ Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
<u>1 1/2</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Clad: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Clad: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vv Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vv Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>		
Bibliography and further notes on Reverse		BUILDING 3	_____ or _____ Note: _____
Surveyed by _____ Date _____		BUILDING 4	_____ or _____ Note: _____



IL 427-0485

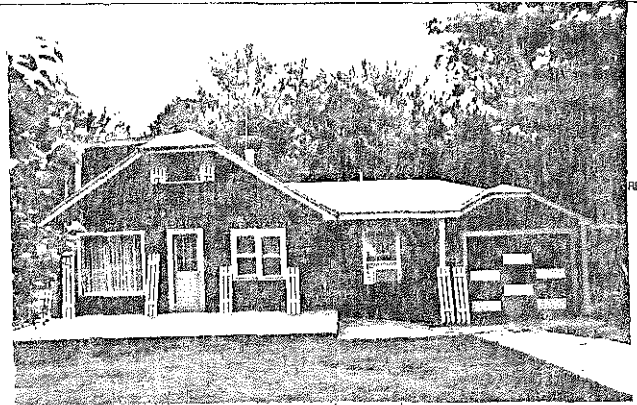
ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2397</u>	Town: <u>Waukegan</u>	
W: <u>15W</u>	Sec: <u>15</u>	TWP: <u>45N</u>	Range: <u>7E</u>
Street: <u>Hickory Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Com Crbs: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Elev: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>00</u>	Pres. Funct.: <u>Residence</u>	Same ? <input type="checkbox"/>	FRAME# _____ Pres. Funct.: _____ Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
<u>1 1/2</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Clad: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Clad: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vv Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vv Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse		BUILDING 3	_____ or _____ Note: _____
Surveyed by _____ Date _____		BUILDING 4	_____ or _____ Note: _____



IL 427-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2358</u>	Town: <u>Livingston</u>
R: <u>100</u>	Sec: <u>16</u>	TWP: <u>10N 10E 10R</u>
Street: <u>Livingston Rd</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
Houses: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Home: <input type="checkbox"/>		
Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>01</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>			
<u>1 1/2</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		<u>1 1/2</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>			
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt Alt: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt Alt: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1949: <input type="checkbox"/> 1950-1945: <input type="checkbox"/>	BUILDING 3		1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1949: <input type="checkbox"/> 1950-1945: <input type="checkbox"/>			
Biography and further notes on structure			or _____ Note: _____			
Surveyed by: _____ Date: _____			BUILDING 4			
			or _____ Note: _____			

L 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2358</u>	Town: <u>Livingston</u>
R: <u>100</u>	Sec: <u>16</u>	TWP: <u>10N 10E 10R</u>
Street: <u>Livingston Rd</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
Houses: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Home: <input type="checkbox"/>		
Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>02</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>			
<u>1 1/2</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE		<u>1 1/2</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>			
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt Alt: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt Alt: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1949: <input type="checkbox"/> 1950-1945: <input type="checkbox"/>	BUILDING 3		1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1949: <input type="checkbox"/> 1950-1945: <input type="checkbox"/>			
Biography and further notes on structure			or _____ Note: _____			
Surveyed by: _____ Date: _____			BUILDING 4			
			or _____ Note: _____			

L 422-0485

ILLINOIS RURAL SURVEY

County: Mont Site #: 2340 Town: Monticello  
 W: NW Sec: 18 TWP: 18N Range: 4E  
 Street: Johnson Rd Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:   
 FARMSTEAD   
 House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <u>13</u> Pres. Funct.: <u>Residence</u> Same? <input type="checkbox"/>	#1 BUILDING 2# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
Building TYPE: _____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipht: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Cipht: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 3: _____ or _____ Note: _____
Surveyed by: _____ Date: _____	BUILDING 4: _____ or _____ Note: _____

IL 422-0455

ILLINOIS RURAL SURVEY

County: Yell Site #: 2501 Town: Jambula Lake  
 W: NW Sec: 18 TWP: 24N Range: 8E  
 Street: Johnson Rd Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:   
 FARMSTEAD   
 House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



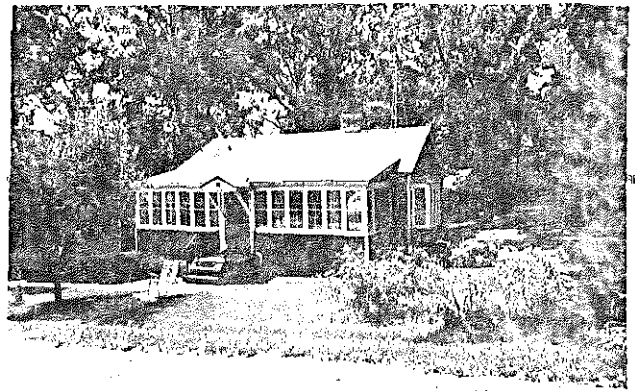
FRAME# <u>20</u> Pres. Funct.: <u>Residence</u> Same? <input type="checkbox"/>	#1 BUILDING 2# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Use/Size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
Building TYPE: _____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipht: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Cipht: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 3: _____ or _____ Note: _____
Surveyed by: _____ Date: _____	BUILDING 4: _____ or _____ Note: _____

IL 422-0455



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2392</u>	Town: <u>Windsor Lake</u>
W: <u>NO</u>	Sec: <u>15</u>	TWP: <u>12N</u> Range: <u>8E</u>
Street: <u>Hilltop Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>25</u>	Pres. Funct.: <u>Residential</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size	
<u>1111</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cip/d: <input type="checkbox"/> Weather: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

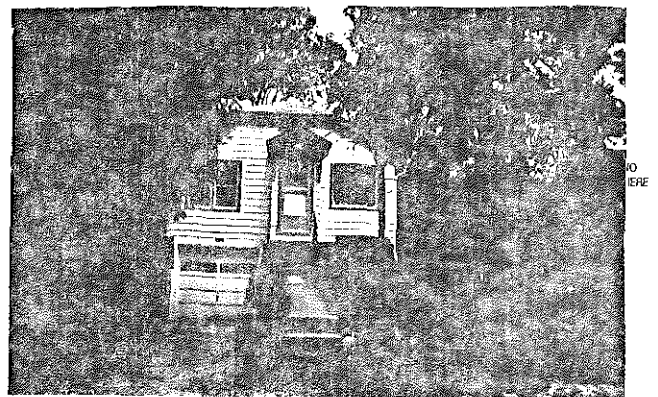
FRAME#	Pres. Funct.:	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size	
_____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cip/d: <input type="checkbox"/> Weather: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		

IL 422-6465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2392</u>	Town: <u>Windsor Lake</u>
W: <u>NO</u>	Sec: <u>15</u>	TWP: <u>12N</u> Range: <u>8E</u>
Street: <u>Union Ave.</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

FRAME# <u>25</u>	Pres. Funct.: <u>Residential</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size	
<u>1111</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cip/d: <input type="checkbox"/> Weather: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	
Bibliography and further notes on Reverse		
Surveyed by: _____ Date: _____		



IL 422-6465



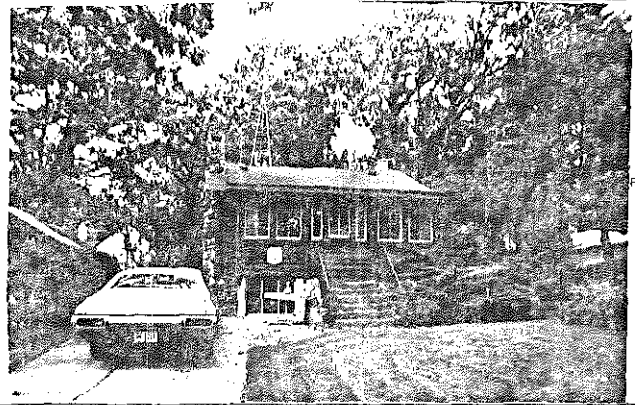
**ILLINOIS RURAL SURVEY**

County: McH Site #: 2390 Town: Woods Lake  
 W: 170 Sec: 16 TWP: 45N Range: 5E  
 Street: Union St. Street View:

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 01 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE:  or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material:  Weathered:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vv Atr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1850-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: \_\_\_\_\_  
 Condition/size: \_\_\_\_\_  
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: \_\_\_\_\_  
 Siding material: \_\_\_\_\_  
 Foundation: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 Roof Material: \_\_\_\_\_  
 Integrity: \_\_\_\_\_  
 Period: \_\_\_\_\_  
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

B. 422-6465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2390 Town: Woods Lake  
 W: 170 Sec: 16 TWP: 45N Range: 5E  
 Street: Union St. Street View:

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 02 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE:  or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material:  Weathered:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hip:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vv Atr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1850-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

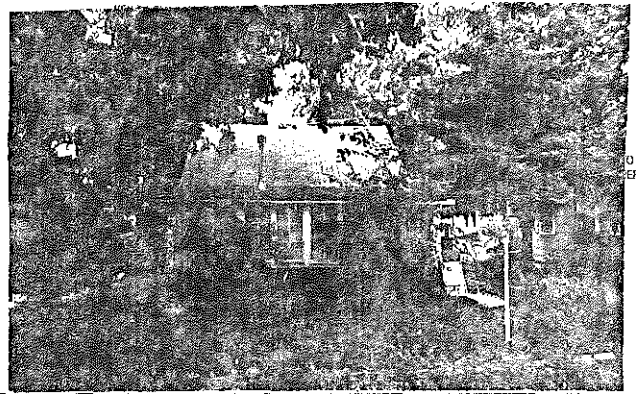
FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: \_\_\_\_\_  
 Condition/size: \_\_\_\_\_  
 Building TYPE: \_\_\_\_\_ or: \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: \_\_\_\_\_  
 Siding material: \_\_\_\_\_  
 Foundation: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 Roof Material: \_\_\_\_\_  
 Integrity: \_\_\_\_\_  
 Period: \_\_\_\_\_  
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

B. 422-6465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>83610</u>	Town: <u>Wood Lake</u>
R: <u>110</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>5E</u>
Street: <u>Camp Rd</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

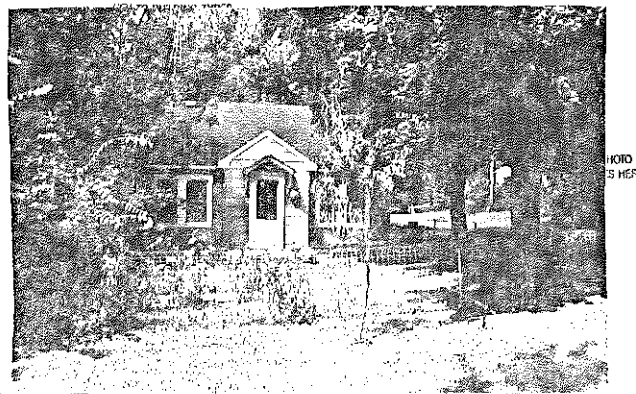


FRAME# <u>31</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
or: Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	or: Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: _____ Date: _____		

B. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>83991</u>	Town: <u>Wood Lake</u>
R: <u>110</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>5E</u>
Street: <u>Camp Rd</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

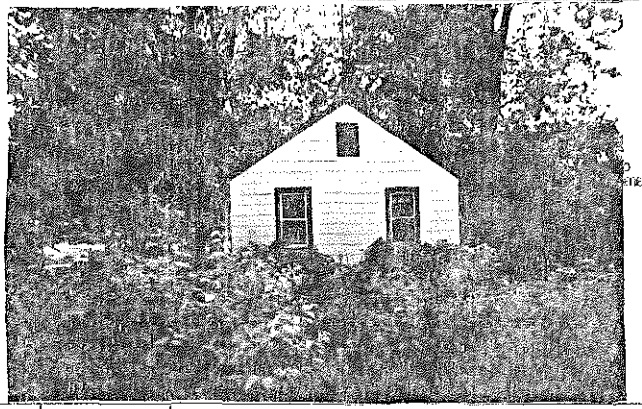


FRAME# <u>32</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
or: Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	or: Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: _____ Date: _____		

B. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>240</u>	Town: <u>Windsor Park</u>	
W: <u>W</u>	Sec: <u>15</u>	TWP: <u>43N</u>	Range: <u>2</u>
Street: <u>240th</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
Houses: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



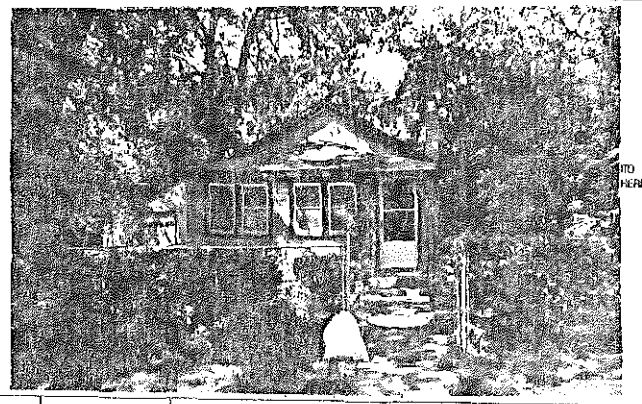
FRAME# <u>23</u>	Pres. Funct.: <u>Residence</u>	Same ? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use: _____		
<u>11</u> / <u>11</u> or _____	Building TYPE: _____		
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure: _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material: _____		
Cladd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material: _____		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity: _____		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period: _____		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> V. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY and further notes on Reverse		
Surveyed by: _____ Date: _____			

FRAME#	Pres. Funct.: _____	Same ? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use: _____		
<u>11</u> / <u>11</u> or _____	Building TYPE: _____		
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure: _____		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material: _____		
Cladd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material: _____		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity: _____		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period: _____		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> V. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY and further notes on Reverse		
Surveyed by: _____ Date: _____			

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>240</u>	Town: <u>Windsor Park</u>	
W: <u>W</u>	Sec: <u>15</u>	TWP: <u>43N</u>	Range: <u>2</u>
Street: <u>240th</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
Houses: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



FRAME# <u>23</u>	Pres. Funct.: <u>Residence</u>	Same ? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use: _____		
<u>11</u> / <u>11</u> or _____	Building TYPE: _____		
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure: _____		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material: _____		
Cladd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material: _____		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity: _____		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period: _____		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> V. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY and further notes on Reverse		
Surveyed by: _____ Date: _____			

FRAME#	Pres. Funct.: _____	Same ? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use: _____		
<u>11</u> / <u>11</u> or _____	Building TYPE: _____		
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure: _____		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material: _____		
Cladd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material: _____		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity: _____		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period: _____		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> V. Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BIBLIOGRAPHY and further notes on Reverse		
Surveyed by: _____ Date: _____			

IL 422-0485



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2102</u>	Town: <u>Wanda Lake</u>	
W: <u>NW</u>	Sec: <u>13</u>	TWP: <u>45N</u>	Range: <u>2E</u>
Street: <u>Dool: Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mjr. Barns: <input type="checkbox"/> 3 Mjr. Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

FRAME# <u>35</u>	Pres. Funct.: <u>Residence</u>
Same ? <input type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size: _____
or: _____	Building TYPE: _____
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	or: _____
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: _____
Cybd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Skng material: _____
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Skng material: _____
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: _____
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: _____
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: _____
Diagraphy and further notes on Reverse	
Surveyed by: _____	Date: _____



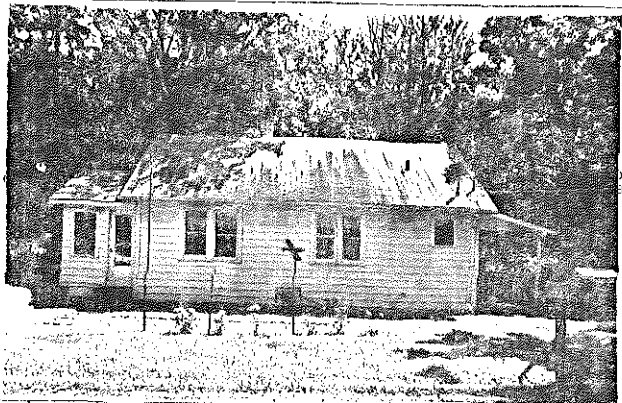
IL 437-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2103</u>	Town: <u>Wanda Lake</u>	
W: <u>NW</u>	Sec: <u>13</u>	TWP: <u>45N</u>	Range: <u>2E</u>
Street: <u>Dool: Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mjr. Barns: <input type="checkbox"/> 3 Mjr. Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

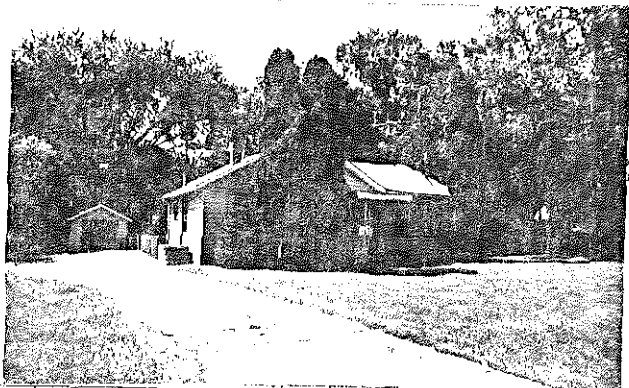
FRAME# <u>36</u>	Pres. Funct.: <u>Residence</u>
Same ? <input type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size: _____
or: _____	Building TYPE: _____
Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	or: _____
Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: _____
Cybd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Skng material: _____
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Skng material: _____
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: _____
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: _____
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: _____
Diagraphy and further notes on Reverse	
Surveyed by: _____	Date: _____



IL 423-0185

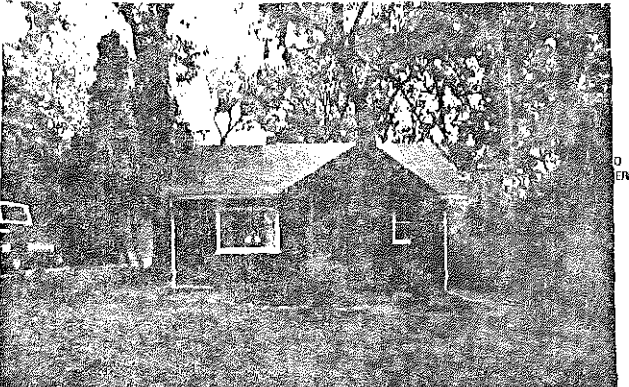
### ILLINOIS RURAL SURVEY

County: <u>Waukegan</u>		Dist. #: <u>2404</u>		Town: <u>Waukegan</u>	
W: <u>100</u>		Sec: <u>18</u>		TWP: <u>7N</u> Range: <u>5E</u>	
Street: <u>Waukegan Rd.</u>				Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>					
FARMSTEAD <input type="checkbox"/>					
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>					
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>					
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>					
Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____					
FRAME#		Pres. Funct.: <u>Residence</u>		Same? <input type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		Condition/Use/Size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
or		Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Clp'd: <input type="checkbox"/> Weather'd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		Siding material		Clp'd: <input type="checkbox"/> Weather'd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		Roof Material		Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		Roof Material		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		Integrity		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1900-1909: <input type="checkbox"/> 1900-1959: <input type="checkbox"/> 1960-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		Period		1900-1909: <input type="checkbox"/> 1900-1959: <input type="checkbox"/> 1960-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	
Bibliography and further notes on Reverse					
Surveyed by: _____ Date: _____					

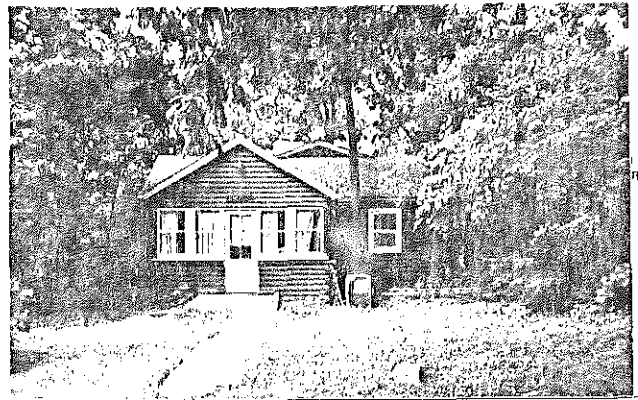


### ILLINOIS RURAL SURVEY

County: <u>Waukegan</u>		Dist. #: <u>2404</u>		Town: <u>Waukegan</u>	
W: <u>100</u>		Sec: <u>18</u>		TWP: <u>7N</u> Range: <u>5E</u>	
Street: <u>Waukegan Rd.</u>				Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>					
FARMSTEAD <input type="checkbox"/>					
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>					
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>					
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>					
Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____					
FRAME#		Pres. Funct.: <u>Residence</u>		Same? <input type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		Condition/Use/Size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
or		Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Clp'd: <input type="checkbox"/> Weather'd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		Siding material		Clp'd: <input type="checkbox"/> Weather'd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		Roof Material		Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		Roof Material		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		Integrity		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1900-1909: <input type="checkbox"/> 1900-1959: <input type="checkbox"/> 1960-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		Period		1900-1909: <input type="checkbox"/> 1900-1959: <input type="checkbox"/> 1960-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	
Bibliography and further notes on Reverse					
Surveyed by: _____ Date: _____					



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2406</u>	Town: <u>Windsor Lake</u>	
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>4N</u>	Range: <u>7E</u>
Street: <u>Cedar Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>3</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Size		
<u>1 1 1</u> or <u>100</u>	Building TYPE		
Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1850: <input type="checkbox"/> 1850-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2407</u>	Town: <u>Windsor Lake</u>	
W: <u>NE</u>	Sec: <u>17</u>	TWP: <u>4N</u>	Range: <u>8E</u>
Street: <u>Cedar Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>4</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Size		
<u>1 1 2</u> or <u>100</u>	Building TYPE		
Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1850: <input type="checkbox"/> 1850-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on reverse			
Surveyed by: _____ Date: _____			

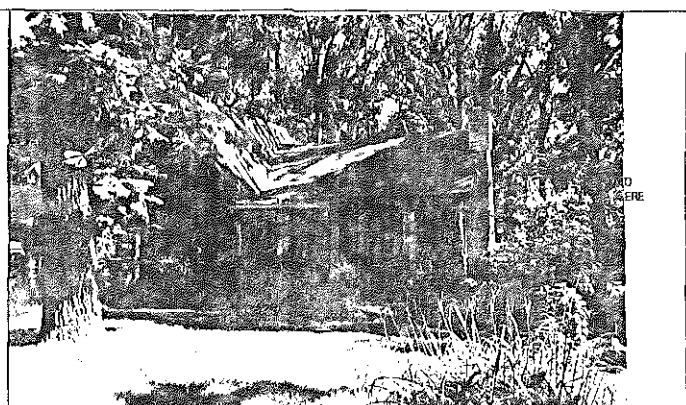




House 1934  
Neighbor view that house originally had a lot of windows.

**ILLINOIS RURAL SURVEY**

County: <i>Moit</i>	Site #: <i>2403</i>	Town: <i>Warden Lake</i>
N: <i>120</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Cedar Rd.</i>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

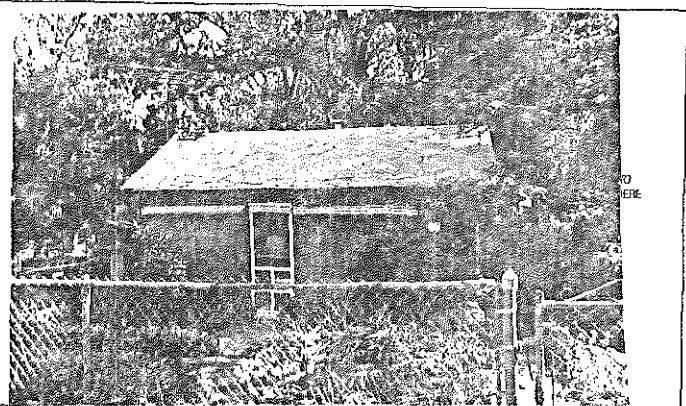


FRAME# <i>5</i>	Pres. Funct.: <i>Residence</i>	Same ? <input type="checkbox"/>	≠1 BUILDING 2a	FRAME#	Pres. Funct.:	Same ? <input type="checkbox"/>		
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Condition/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Building TYPE	or:	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Building TYPE	or:	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material	Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material	Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	BUILDING 3	or:	Note:	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 4	or:	Note:	
Cable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	BUILDING 3	or:	Note:	Bibliography and further notes on reverse		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 4	or:	Note:	Surveyed by: _____ Date: _____		

R 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>Moit</i>	Site #: <i>2409</i>	Town: <i>Warden Lake</i>
N: <i>120</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Cedar Rd.</i>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



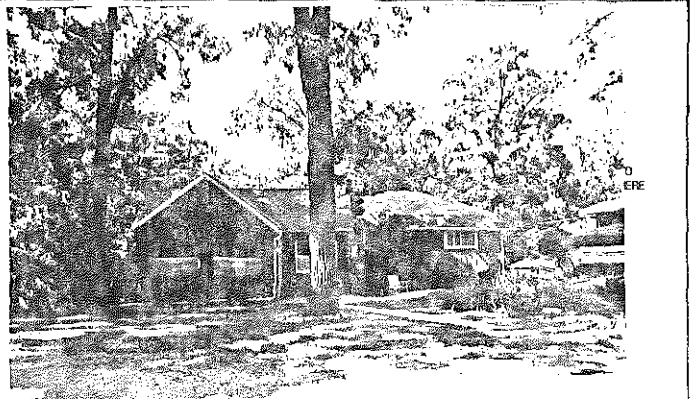
FRAME# <i>5</i>	Pres. Funct.: <i>Residence</i>	Same ? <input type="checkbox"/>	≠1 BUILDING 2a	FRAME#	Pres. Funct.:	Same ? <input type="checkbox"/>		
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Condition/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Building TYPE	or:	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Building TYPE	or:	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material	Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material	Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	BUILDING 3	or:	Note:	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 4	or:	Note:	
Cable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	BUILDING 3	or:	Note:	Bibliography and further notes on reverse		
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 4	or:	Note:	Surveyed by: _____ Date: _____		

R 422-0465

Owner claims that summer cottages  
were not built after WWII because of a housing shortage

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2410</u>	Town: <u>Wendell Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>7-N</u> Range: <u>8E</u>
Street: <u>Cedar Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Com Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bns: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

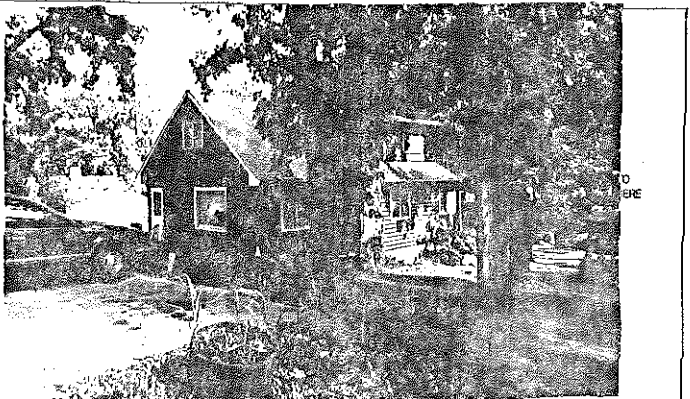


FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Size					
<u>1</u> / <u>1</u> / <u>1</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>					
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE					
Cipbd: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation					
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof					
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material					
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period					
Bibliography and further notes on Reverse	BUILDING 3					
Surveyed by: _____	Date: _____					
	BUILDING 4					

B. 422-6465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2411</u>	Town: <u>Wendell Lake</u>
W: <u>SW</u>	Sec: <u>18</u>	TWP: <u>7-N</u> Range: <u>8E</u>
Street: <u>Cedar Rd.</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/1 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Com Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bns: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

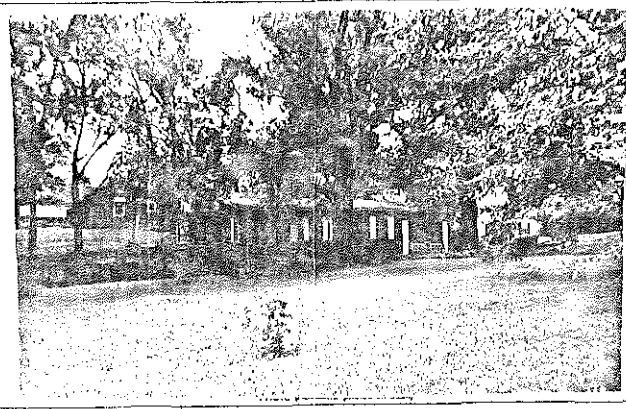


FRAME# <u>8</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Size					
<u>1</u> / <u>1</u> / <u>1</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>					
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE					
Cipbd: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation					
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof					
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material					
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period					
Bibliography and further notes on Reverse	BUILDING 3					
Surveyed by: _____	Date: _____					
	BUILDING 4					

B. 422-6465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>3412</u>	Town: <u>Windsor Lake</u>
W: <u>NW</u>	Sec: <u>16</u>	TWP: <u>45N</u> Range: <u>3E</u>
Street: <u>Cedar Street</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

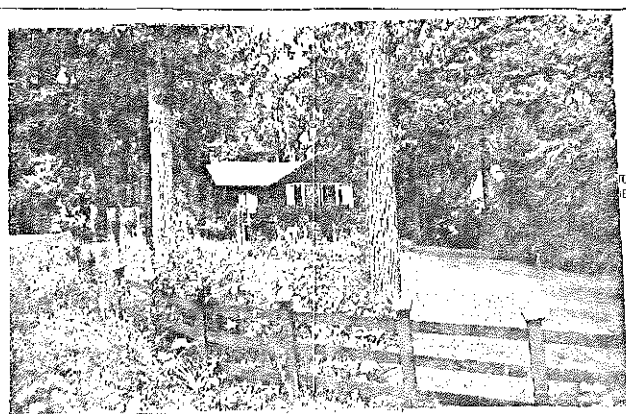


FRAME# <u>1</u>	Pres. Funct.: <u>Residence</u>	Same ? <input type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Clad: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Clad: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1919: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1919: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1919: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1919: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	or: _____	Note: _____	or: _____
Bibliography and further notes on Reverse	BUILDING 4	Bibliography and further notes on Reverse	BUILDING 4	or: _____	Note: _____	or: _____
Surveyed by: _____	Date: _____	Surveyed by: _____	Date: _____	or: _____	Note: _____	or: _____

IL 422-0465

**ILLINOIS RURAL SURVEY**

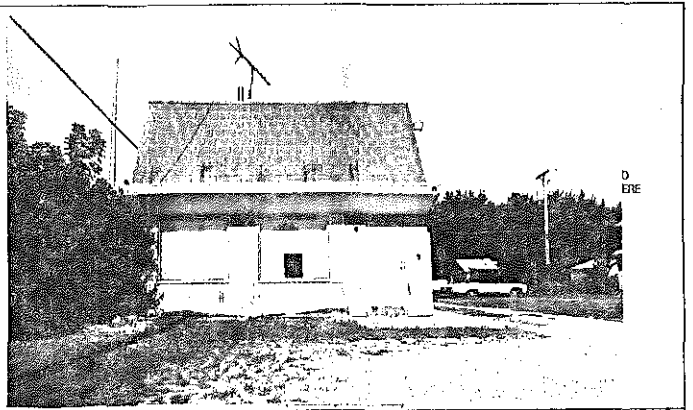
County: <u>McH</u>	Site #: <u>3413</u>	Town: <u>Windsor Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>3E</u>
Street: <u>Sub. House Drive</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>1</u>	Pres. Funct.: <u>Residence</u>	Same ? <input type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.: _____	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Clad: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Clad: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Foundation	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1919: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1919: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1919: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1919: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	or: _____	Note: _____	or: _____
Bibliography and further notes on Reverse	BUILDING 4	Bibliography and further notes on Reverse	BUILDING 4	or: _____	Note: _____	or: _____
Surveyed by: _____	Date: _____	Surveyed by: _____	Date: _____	or: _____	Note: _____	or: _____

IL 422-0465

ILLINOIS RURAL SURVEY			
County <u>McH</u>	Site # <u>2411</u>	Town <u>Wonder Lake</u>	
W: <u>SE</u>	Sec: <u>7</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street <u>Wonder Lake Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>11</u>	Pres. Funct.: <u>Commercial</u>	Same ? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1</u>   <u>1</u>   <u>1</u>   <u>1</u>   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other: _____	Building TYPE		
Clpd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Slucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alb: <input type="checkbox"/> Vy. Abd: <input checked="" type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	



IL 422-0405

ILLINOIS RURAL SURVEY			
County <u>McH</u>	Site # <u>2415</u>	Town <u>Wonder Lake</u>	
W: <u>SE</u>	Sec: <u>7</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street <u>Wonder Lake Rd.</u>		Street View: <input type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>12</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size		
<u>1</u>   <u>1</u>   <u>1</u>   <u>1</u>   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other: _____	Building TYPE		
Clpd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Slucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alb: <input type="checkbox"/> Vy. Abd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	

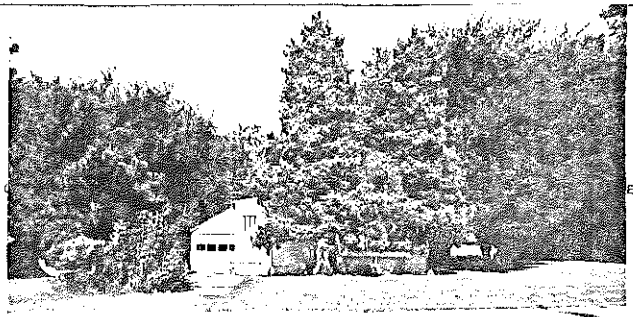
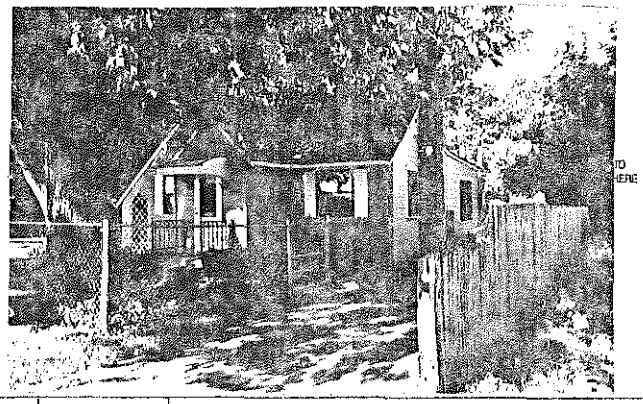


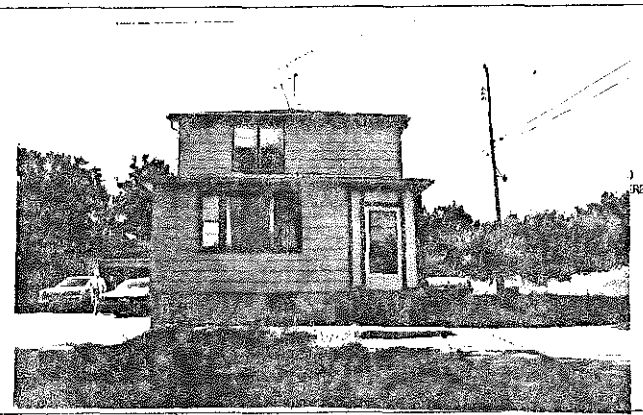
FIGURE (PASTED PHOTO ON BACK)

IL 422-0406

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2416</i>	Town: <i>Woods Lake</i>	
W: <i>SE</i>	Sec: <i>7</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Woods Lake Rd</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRA: <i>ED</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Same? <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
<i>1111</i> or <i>105</i> Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cybd: <input type="checkbox"/> Weathrbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cybd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Paired or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Paired or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vg Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vg Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	
Bibliography and further notes on Reverse		BUILDING 3	or: _____ Note: _____
Surveyed by: _____ Date: _____		BUILDING 4	or: _____ Note: _____



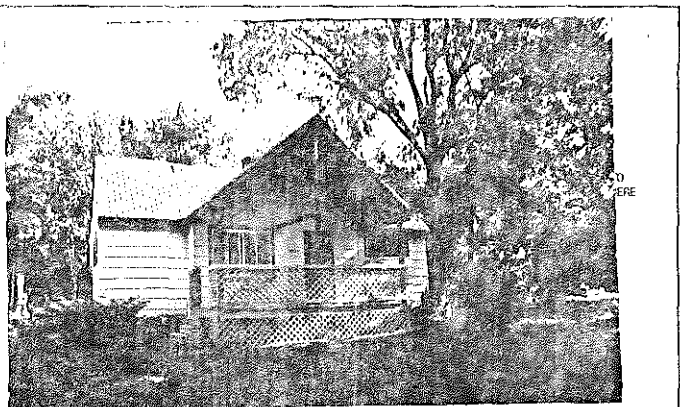
ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2417</i>	Town: <i>Woods Lake</i>	
W: <i>SE</i>	Sec: <i>7</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Woods Lake Rd</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRA: <i>ED</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Same? <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
<i>11041</i> or <i>ORIG 105</i> Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cybd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cybd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Paired or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Paired or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vg Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vg Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	
Bibliography and further notes on Reverse		BUILDING 3	or: _____ Note: _____
Surveyed by: _____ Date: _____		BUILDING 4	or: _____ Note: _____





**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2418</u>	Town: <u>Wonder Lake</u>
W: <u>SE</u>	Sec: <u>7</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Mohawk Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		

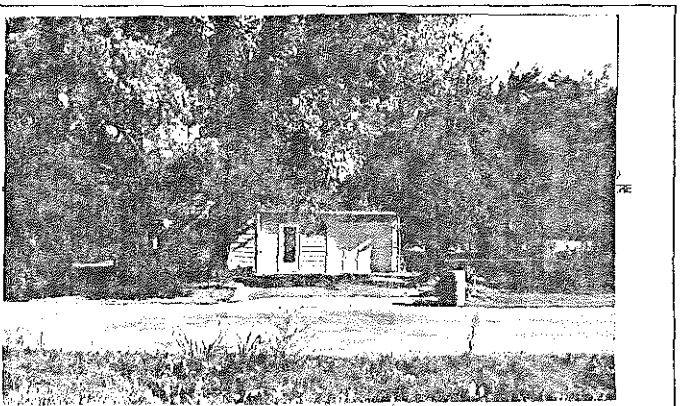


FRAME# <u>15</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size					
1/1/1 or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>					
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE					
Clad: <input checked="" type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation					
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material					
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Abr: <input type="checkbox"/> Vy. Abd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period					
Bibliography and further notes on reverse			BUILDING 3			
Surveyed by: _____ Date: _____			BUILDING 4			

R. 422-6485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2419</u>	Town: <u>Wonder Lake</u>
W: <u>SE</u>	Sec: <u>7</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Mohawk Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		

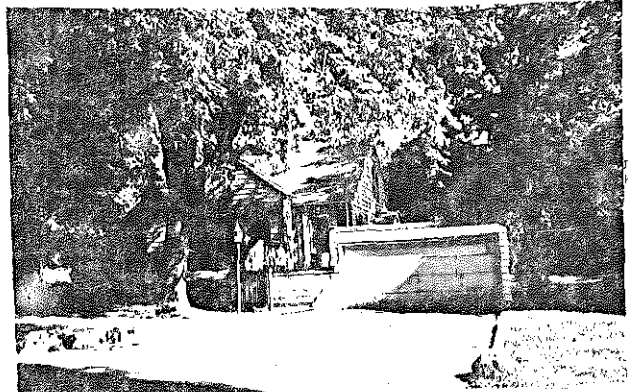


FRAME# <u>16</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size					
1/1/1 or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>					
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE					
Clad: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation					
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material					
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Abr: <input type="checkbox"/> Vy. Abd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period					
Bibliography and further notes on reverse			BUILDING 3			
Surveyed by: _____ Date: _____			BUILDING 4			

R. 422-6485

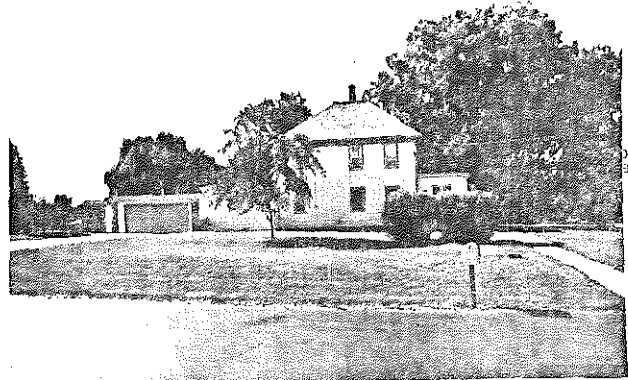


ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2420</u>	Town: <u>Wonder Lake</u>	
W: <u>SE</u>	Sec: <u>7</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Cook St.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>17</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	≠ 1 BUILDING 2# _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
<u>11/11/11</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipcod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipcod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vly Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vly Alt: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	
BUILDING 3		Note: _____	
BUILDING 4		Note: _____	



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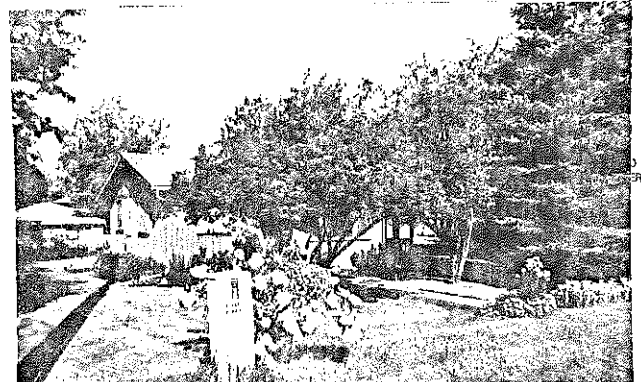
ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2421</u>	Town: <u>Wonder Lake</u>	
W: <u>NE</u>	Sec: <u>7</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Wonder Lake Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input checked="" type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <u>18</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	≠ 1 BUILDING 2# _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
<u>11/04/11</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input type="checkbox"/> Hipcod: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipcod: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vly Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vly Alt: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	
BUILDING 3		Note: _____	
BUILDING 4		Note: _____	



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**ILLINOIS RURAL SURVEY**

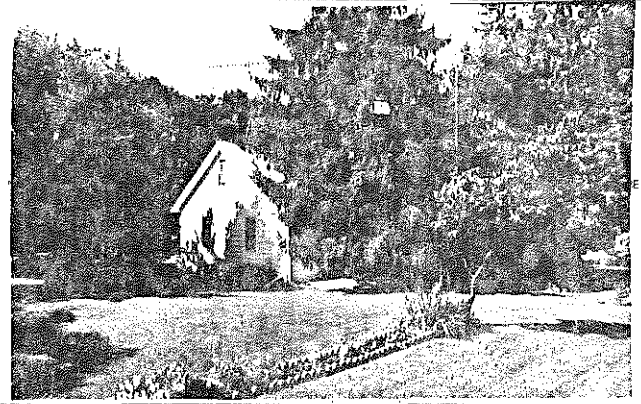
County: <u>McH</u>	Site #: <u>2422</u>	Town: <u>Wonder Lake</u>
W: <u>NE</u>	Sec: <u>7</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Wonder Lake Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>19</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	
<u>1</u>   <u>1</u>   <u>1</u>   <u>1</u>   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Adj. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	
Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____	



IL 422-0465

**ILLINOIS RURAL SURVEY**

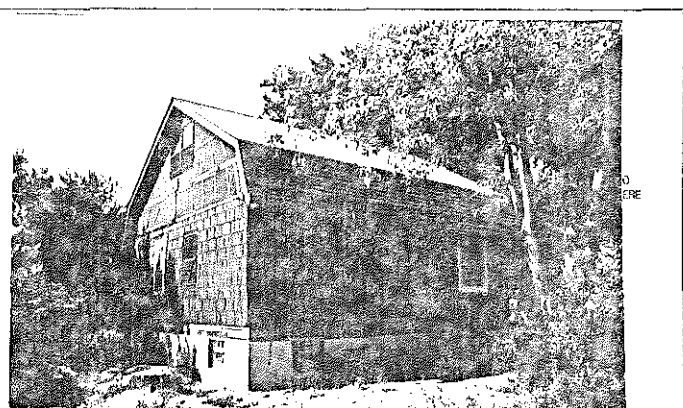
County: <u>McH</u>	Site #: <u>2423</u>	Town: <u>Wonder Lake</u>
W: <u>NE</u>	Sec: <u>7</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Algonquin Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>20</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	
<u>1</u>   <u>1</u>   <u>1</u>   <u>1</u>   or: _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weathrbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Adj. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	
Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____	



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2424</u>	Town: <u>Wonder Lake</u>
W: <u>NE NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Cedar Rd.</u>	Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
Houses: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage <input type="checkbox"/> Mach. Shed <input type="checkbox"/> Grainery <input type="checkbox"/> Smokehouse <input type="checkbox"/> Summer Kitchen <input type="checkbox"/> Sto <input type="checkbox"/> Windmill <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



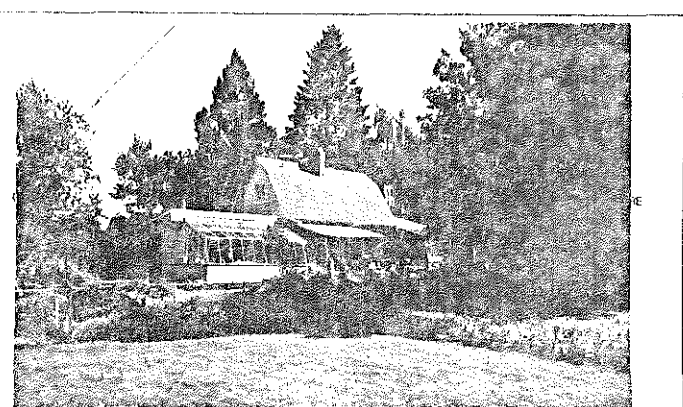
FRAME# <u>21</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>1/1/1</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Building TYPE	
Cipbd <input type="checkbox"/> Weathered <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Structure	
Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Siding material	
Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input checked="" type="checkbox"/> Tile <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof	
Asphalt Shngl <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Roof Material	
Good: <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Abr <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Add, Major <input type="checkbox"/> Minor <input type="checkbox"/>	Integrity	
1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input type="checkbox"/> 1910-1945 <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by _____ Date: _____		

FRAME# _____	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
_____ or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Building TYPE	
Cipbd <input type="checkbox"/> Weathered <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Structure	
Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Siding material	
Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipped <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof	
Asphalt Shngl <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Roof Material	
Good: <input type="checkbox"/> Fair <input type="checkbox"/> Abr <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Add, Major <input type="checkbox"/> Minor <input type="checkbox"/>	Integrity	
1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input type="checkbox"/> 1910-1945 <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by _____ Date: _____		

B. 422-6455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2425</u>	Town: <u>Wonder Lake</u>
W: <u>NE NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Wonder Lake Rd.</u>	Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
Houses: <input type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage <input type="checkbox"/> Mach. Shed <input type="checkbox"/> Grainery <input type="checkbox"/> Smokehouse <input type="checkbox"/> Summer Kitchen <input type="checkbox"/> Sto <input type="checkbox"/> Windmill <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



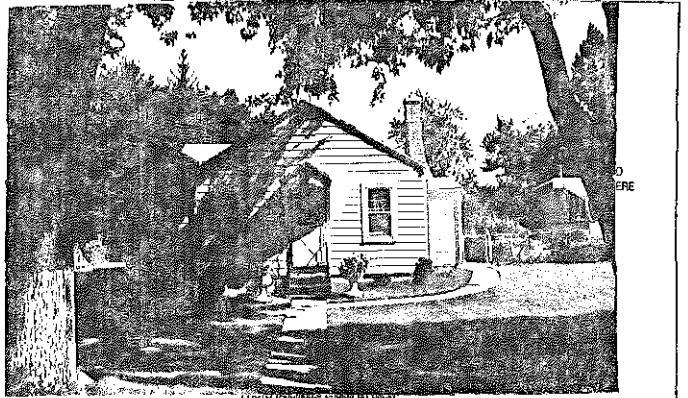
FRAME# <u>22</u>	Pres. Funct.: <u>Commercial</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>2/0/1</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Building TYPE	
Cipbd <input type="checkbox"/> Weathered <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Structure	
Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Siding material	
Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input checked="" type="checkbox"/> Tile <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof	
Asphalt Shngl <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Roof Material	
Good: <input type="checkbox"/> Fair <input type="checkbox"/> Abr <input type="checkbox"/> Vy Abd: <input checked="" type="checkbox"/> Add, Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/>	Integrity	
1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input type="checkbox"/> 1910-1945 <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by _____ Date: _____		

FRAME# _____	Pres. Funct.: _____	Same? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
_____ or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Building TYPE	
Cipbd <input type="checkbox"/> Weathered <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Structure	
Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Siding material	
Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>	Foundation	
Gable: <input type="checkbox"/> Hipped <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof	
Asphalt Shngl <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Roof Material	
Good: <input type="checkbox"/> Fair <input type="checkbox"/> Abr <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Add, Major <input type="checkbox"/> Minor <input type="checkbox"/>	Integrity	
1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input type="checkbox"/> 1910-1945 <input type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by _____ Date: _____		

B. 422-6455

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2426 Town: Wonder Lake  
 W: NW Sec: 18 TWP: 45N Range: 8E  
 Street: Cedar Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:   
 FARMSTEAD   
 House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib: 1:  2:  3:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



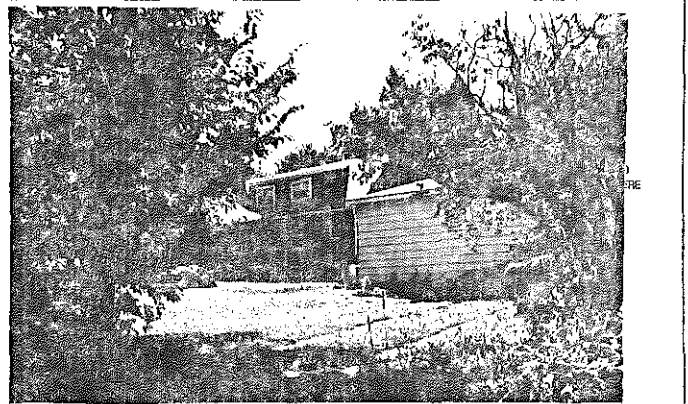
FRAME# 23 Pres. Funct.: Residence Same?   
 Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Log:  Mid:  Sm:   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clapbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alt:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?   
 Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Log:  Mid:  Sm:   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clapbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alt:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0466

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2427 Town: Wonder Lake  
 W: NW Sec: 18 TWP: 45N Range: 8E  
 Street: W. Nap Spring Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:   
 FARMSTEAD   
 House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib: 1:  2:  3:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_

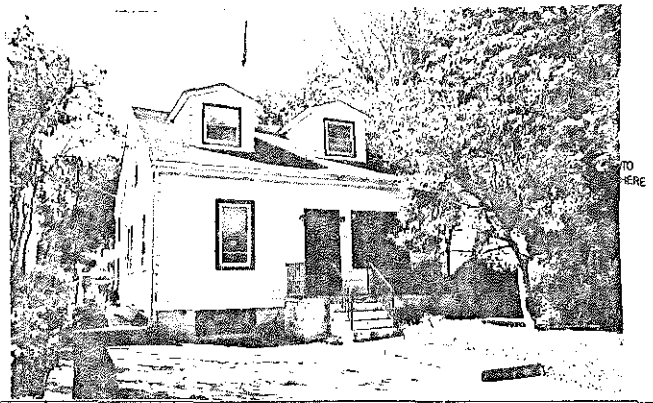


FRAME# 24 Pres. Funct.: Residence Same?   
 Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Log:  Mid:  Sm:   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clapbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alt:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: \_\_\_\_\_ Date: \_\_\_\_\_

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?   
 Original Function: Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Condition/Use/Size: Deteriorated:  Abandoned:  Log:  Mid:  Sm:   
 Building TYPE: \_\_\_\_\_ or \_\_\_\_\_ Stories: 1:  1-1/2:  2:  2+:   
 Structure: Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Siding material: Clapbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Foundation: Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Roof: Gable:  Hipcd:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Roof Material: Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Integrity: Good:  Fair:  Alt:  Vy Alt:  Add. Major:  Minor:   
 Period: 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0466

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2428</u>	Town: <u>Woods Lake</u>	
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Deep Springs Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>25</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	e-1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
7/1/11 or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____		
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alb: <input type="checkbox"/> Vy Alb: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alb: <input type="checkbox"/> Vy Alb: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	
BUILDING 3		Note: _____	
BUILDING 4		Note: _____	



B. 422-4465

ILLINOIS RURAL SURVEY			
County: <u>McH</u>	Site #: <u>2429</u>	Town: <u>Woods Lake</u>	
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Deep Springs Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>26</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	e-1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>		
7/1/11 or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____		
Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: Clpbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alb: <input type="checkbox"/> Vy Alb: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alb: <input type="checkbox"/> Vy Alb: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
Bibliography and further notes on Reverse			
Surveyed by: _____		Date: _____	
BUILDING 3		Note: _____	
BUILDING 4		Note: _____	



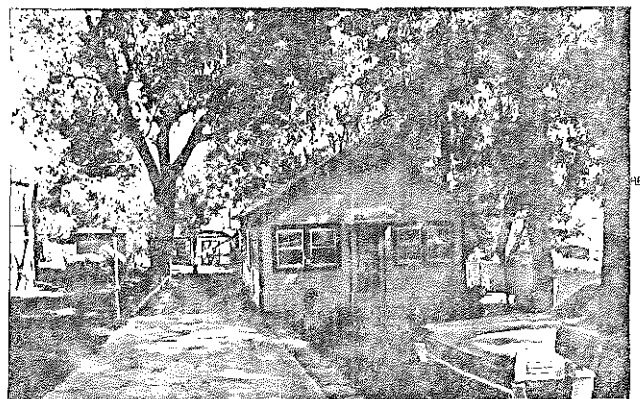
B. 422-4465



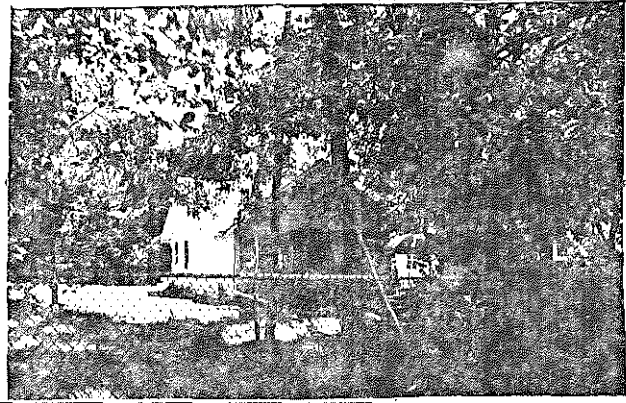
ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2430</i>	Town: <i>Woods Lake</i>	
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Deep Springs Rd</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mash. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>27</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	or 1 BUILDING 2a
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Same? <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
<i>1111</i> or _____ Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Vld Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Vld Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hippos: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hippos: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Notes: _____
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2431</i>	Town: <i>Woods Lake</i>	
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Deep Springs Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mash. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>28</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	or 1 BUILDING 2a
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Same? <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
<i>1111</i> or _____ Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipol: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Vld Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipol: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Vld Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hippos: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hippos: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adj., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Notes: _____
Bibliography and further notes on Reverse			
Surveyed by: _____ Date: _____			



ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2433</i>	Town: <i>Woods Lake</i>	
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Fake Shore Dr.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>30</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	FRAME#
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Pres. Funct.:
<i>1111</i> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Same? <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hiprod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hiprod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vt. Altr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vt. Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Note: _____
Bibliography and further notes on Reverse	BUILDING 4		Note: _____
Surveyed by: _____	Date: _____		



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2433</i>	Town: <i>Woods Lake</i>	
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Fake Shore Dr.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <i>30</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	FRAME#
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Pres. Funct.:
<i>1111</i> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Same? <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hiprod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hiprod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vt. Altr: <input checked="" type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vt. Altr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Note: _____
Bibliography and further notes on Reverse	BUILDING 4		Note: _____
Surveyed by: _____	Date: _____		



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2434</i>	Town: <i>Wonder Lake</i>
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Lake Shore Dr.</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

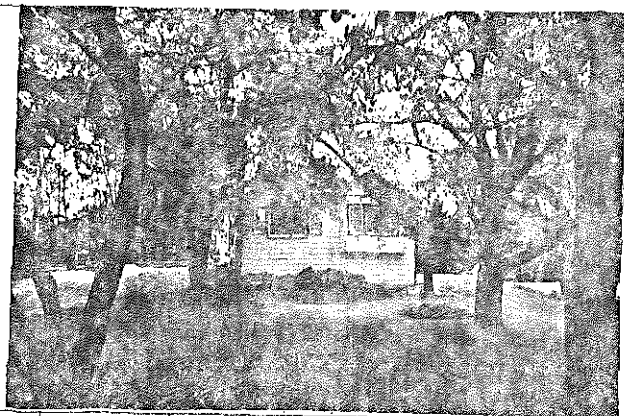


FRAME# <i>31</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/Use/Size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>			
<i>1</i>   <i>1</i>   <i>1</i>   <i>1</i>   or: _____	Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Slucon: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Slucon: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input checked="" type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		Gable: <input type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3		1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Bibliography and further notes on Reverse	BUILDING 4		Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		Surveyed by: _____	Date: _____		

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2435</i>	Town: <i>Wonder Lake</i>
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Lake Shore Dr.</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



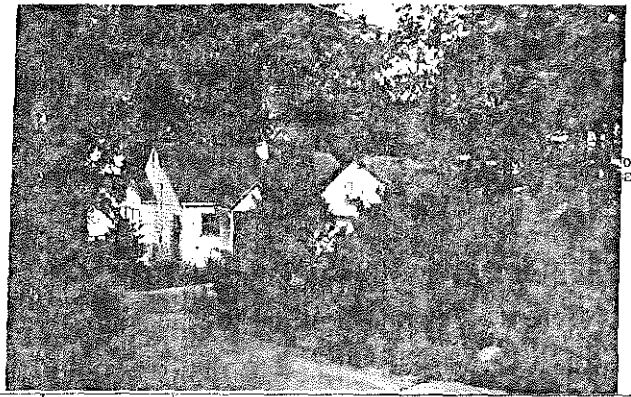
FRAME# <i>32</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>			
<i>1</i>   <i>1</i>   <i>1</i>   <i>1</i>   or: _____	Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Slucon: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Slucon: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input checked="" type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		Gable: <input type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Abr: <input type="checkbox"/> Vy Abr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3		1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Bibliography and further notes on Reverse	BUILDING 4		Bibliography and further notes on Reverse			
Surveyed by: _____	Date: _____		Surveyed by: _____	Date: _____		

IL 422-0485



**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2436</i>	Town: <i>Wonderlake</i>
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Lake Shore Dr.</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

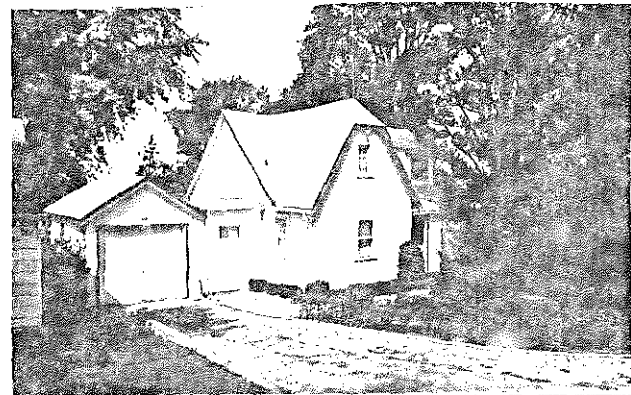


FRAMER: <i>33</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2e	FRAMER:	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>				
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>				
1   1   1   or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>				
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____				
Cipbd: <input type="checkbox"/> Weathered: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>				
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>				
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>				
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____				
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____				
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vt. Amd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt. Amd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>				
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>				Note:
Bibliography and further notes on Reverse	BUILDING 4					Note:
Surveyed by: _____ Date: _____						

R 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2437</i>	Town: <i>Wonderlake</i>
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Lake Shore Dr.</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

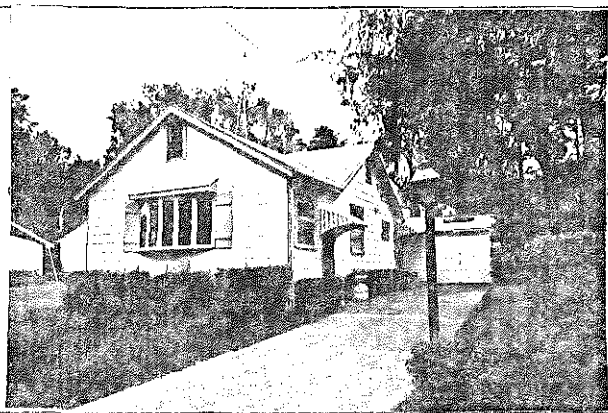


FRAMER: <i>33</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2e	FRAMER:	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>				
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>				
1   0   5   or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>				
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____				
Cipbd: <input type="checkbox"/> Weathered: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>				
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>				
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>				
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____				
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____				
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vt. Amd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt. Amd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>				
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>				Note:
Bibliography and further notes on Reverse	BUILDING 4					Note:
Surveyed by: _____ Date: _____						

R 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2438</u>	Town: <u>Wondra Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Lake Shore Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complexes w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Shed: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		

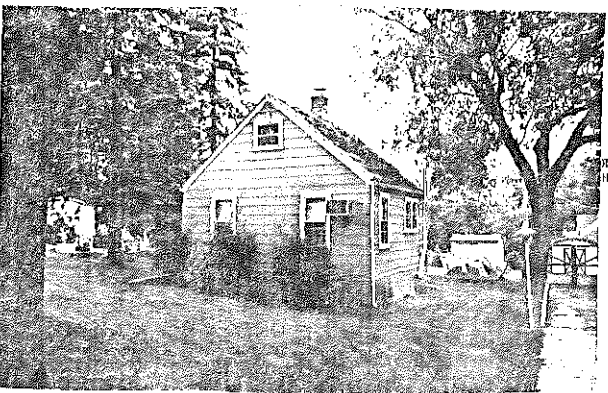


FRAME# <u>35</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Abr: <input type="checkbox"/> Vy Abr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____	

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2439</u>	Town: <u>Wondra Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Deep Spring Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complexes w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Shed: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



FRAME# <u>35</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	
or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE	
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input checked="" type="checkbox"/> Other: _____	Roof Material	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Abr: <input type="checkbox"/> Vy Abr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	
Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____	

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2440</u>	Town: <u>Wonder Lake</u>	
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Beach Rd.</u>		Street View: <input checked="" type="checkbox"/>	

Industrial/Commercial Complex w/3 or more Bldgs.:

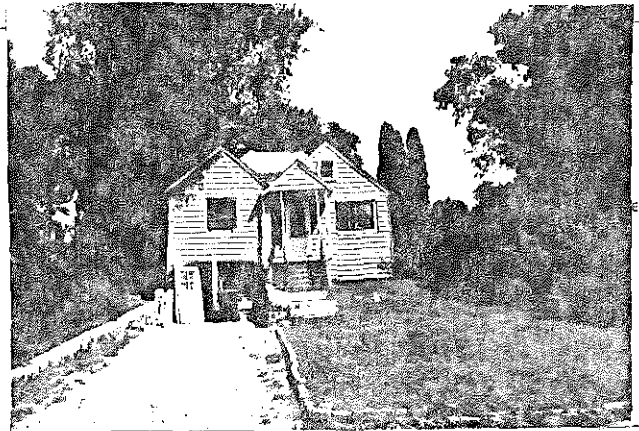
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj. Barns:  3 Mj. Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg.:  Comments: \_\_\_\_\_



FRAME# <u>1</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/Status: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>
<u>1110</u> or _____ Stories: <u>1 1/2</u> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbl: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Cipbl: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Ab: <input type="checkbox"/> Vy. Ab: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Ab: <input type="checkbox"/> Vy. Ab: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	
Surveyed by: <u>B.H.</u> Date: <u>8/12/86</u>	BUILDING 3: _____ or _____ Note: _____
	BUILDING 4: _____ or _____ Note: _____

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2441</u>	Town: <u>Wonder Lake</u>	
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Beach Rd.</u>		Street View: <input type="checkbox"/>	

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 Mj. Barns:  3 Mj. Barns:  Corn Crib, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldg.:  Comments: \_\_\_\_\_

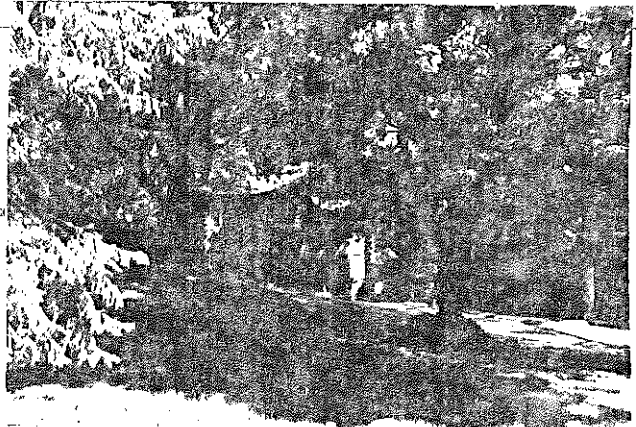


FRAME# <u>2</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2# _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/Status: Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>
<u>1110</u> or _____ Stories: <u>1 1/2</u> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: _____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbl: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Cipbl: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Ab: <input type="checkbox"/> Vy. Ab: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Ab: <input type="checkbox"/> Vy. Ab: <input type="checkbox"/> Add., Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse	
Surveyed by: <u>B.H.</u> Date: <u>8/12/86</u>	BUILDING 3: _____ or _____ Note: _____
	BUILDING 4: _____ or _____ Note: _____

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2442</u>	Town: <u>Woods Lake</u>	
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Beech Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Dairy: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

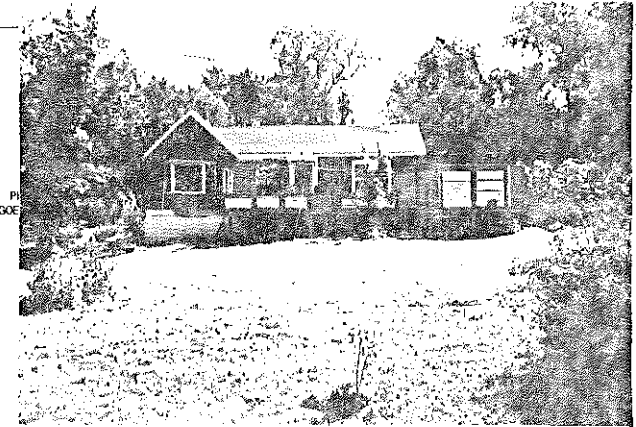


FRAME# <u>3</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
<u>    </u> or _____ Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Clad: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/> <u>with siding</u>	Siding material	Clad: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vly Atr: <input type="checkbox"/> Adj. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vly Atr: <input type="checkbox"/> Adj. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Note: _____
Bibliography and further notes on Reverse	BUILDING 4		Note: _____
Surveyed by: <u>BH</u>	Date: <u>8/12/86</u>		

IL 422-6445

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2443</u>	Town: <u>Woods Lake</u>	
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Beech Rd./Hilltop Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Dairy: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

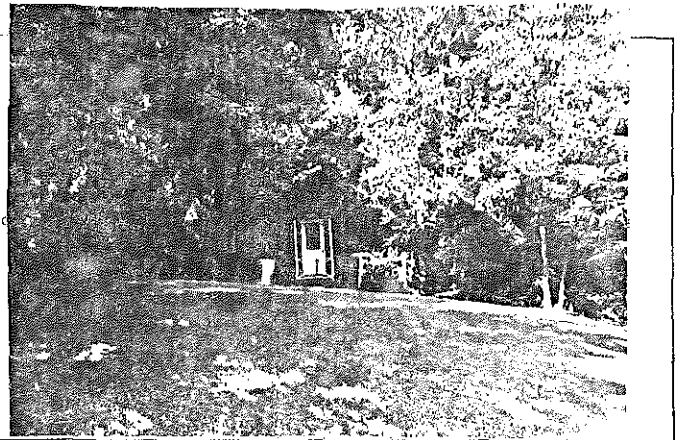


FRAME# <u>4</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
<u>    </u> or _____ Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Clad: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Clad: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hip: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vly Atr: <input type="checkbox"/> Adj. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vly Atr: <input type="checkbox"/> Adj. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	Note: _____
Bibliography and further notes on Reverse	BUILDING 4		Note: _____
Surveyed by: <u>BH</u>	Date: <u>8/12/86</u>		

IL 422-6445

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2444</i>	Town: <i>Wonder Lake</i>
N: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Broken Hilltop Rd.</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <i>5</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function:		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/Use:		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>			
<i>1051</i> or: _____	Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adm. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adm. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Bibliography and further notes on Reverse			BUILDING 3	or: _____ Note: _____		
Surveyed by: <i>BAH</i> Date: <i>8/12/186</i>			BUILDING 4	or: _____ Note: _____		

E. 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2445</i>	Town: <i>Wonder Lake</i>
N: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Hilltop</i>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



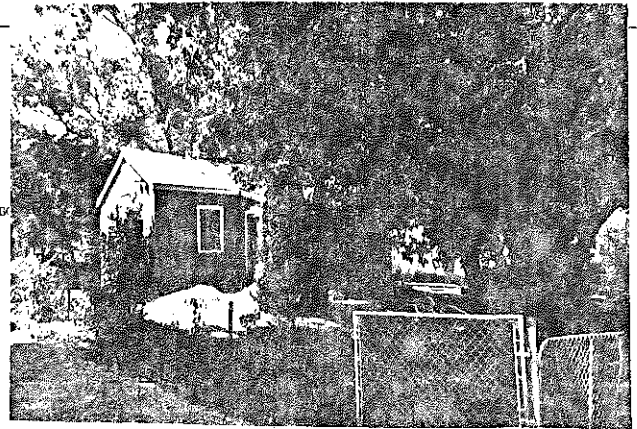
FRAME# <i>6</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function:		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use:		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>			
<i>1171</i> or: _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cipbd: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adm. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adm. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Bibliography and further notes on Reverse			BUILDING 3	or: _____ Note: _____		
Surveyed by: <i>BAH</i> Date: <i>8/12/186</i>			BUILDING 4	or: _____ Note: _____		

E. 422-0465



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2446</u>	Town: <u>Wonder Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Beach Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>7</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>			
<u>1</u>   <u>1</u>   <u>1</u> or _____	Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE	<u>1</u>   <u>1</u>   <u>1</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		Cpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3		1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Bibliography and further notes on Reverse			BUILDING 3	or _____ Note:		
Surveyed by: <u>BH</u> Date: <u>8/12/86</u>			BUILDING 4	or _____ Note:		

B. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2447</u>	Town: <u>Wonder Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Beach Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>8</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same ? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>			
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/size		Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>			
<u>1</u>   <u>1</u>   <u>1</u> or _____	Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE	<u>1</u>   <u>1</u>   <u>1</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____			
Cpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		Cpbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>			
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>			
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof		Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>			
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____			
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____			
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>			
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3		1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>			
Bibliography and further notes on Reverse			BUILDING 3	or _____ Note:		
Surveyed by: <u>BH</u> Date: <u>8/12/86</u>			BUILDING 4	or _____ Note:		

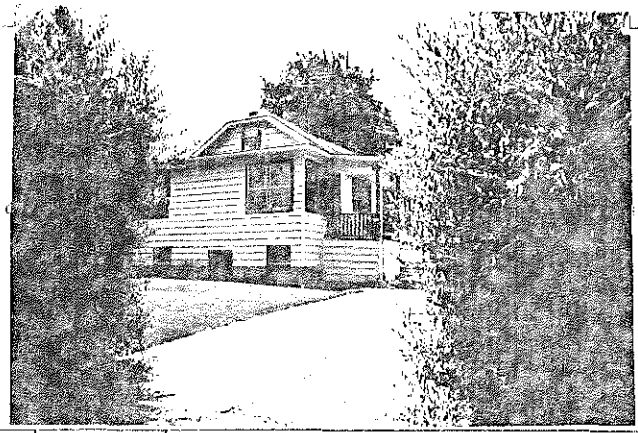
B. 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2448 Town: Wonder Lake  
 W: NW Sec: 18 TWP: 45N Range: 8E  
 Street: Wonder Lake/Beach Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses  1 Major Barn  2 Mj Barns  3 Mj Barns  Corn Crib, 1  2  3+   
 Garage:  Mach. Shed  Urinary:  Smokehouse  Summer Kitchen  Silo  Windmill   
 Grain Bin:  Pump House  Hog Houses  Chicken Coop  Outhouse  Mobile Homes   
 Sheds, 1-3  3+  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 9 Pres. Funct.: Residence Same?  #1 BUILDING 2# \_\_\_\_\_ FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Residence  Outbuilding  Public  Commercial  Barn  Industrial  Structural  Religious   
 Original Function \_\_\_\_\_  
 Deteriorated  Abandoned  Lrg  Md  Sm   
 Condition/Size \_\_\_\_\_  
 Building TYPE \_\_\_\_\_ or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure \_\_\_\_\_  
 Siding material \_\_\_\_\_  
 Foundation \_\_\_\_\_  
 Roof \_\_\_\_\_  
 Roof Material \_\_\_\_\_  
 Integrity \_\_\_\_\_  
 Period \_\_\_\_\_  
 Bibliography and further notes on Reverse  
 Surveyed by: BH Date: 8/12/86

BUILDING 3 \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4 \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2449 Town: Wonder Lake  
 W: NW Sec: 18 TWP: 45N Range: 8E  
 Street: Wonder Lake/Beach Rd. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

Houses:  2 Houses  1 Major Barn  2 Mj Barns  3 Mj Barns  Corn Crib, 1  2  3+   
 Garage:  Mach. Shed  Urinary:  Smokehouse  Summer Kitchen  Silo  Windmill   
 Grain Bin:  Pump House  Hog Houses  Chicken Coop  Outhouse  Mobile Homes   
 Sheds, 1-3  3+  Metal Bldgs:  Comments: \_\_\_\_\_



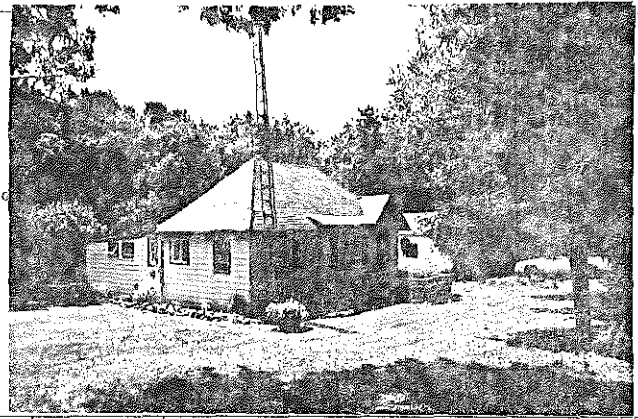
FRAME# 10 Pres. Funct.: Residence Same?  #1 BUILDING 2# \_\_\_\_\_ FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Residence  Outbuilding  Public  Commercial  Barn  Industrial  Structural  Religious   
 Original Function \_\_\_\_\_  
 Deteriorated  Abandoned  Lrg  Md  Sm   
 Condition/Size \_\_\_\_\_  
 Building TYPE \_\_\_\_\_ or \_\_\_\_\_ Stories, 1:  1-1/2:  2:  2+:   
 Structure \_\_\_\_\_  
 Siding material \_\_\_\_\_  
 Foundation \_\_\_\_\_  
 Roof \_\_\_\_\_  
 Roof Material \_\_\_\_\_  
 Integrity \_\_\_\_\_  
 Period \_\_\_\_\_  
 Bibliography and further notes on Reverse  
 Surveyed by: BH Date: 8/12/86

BUILDING 3 \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4 \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

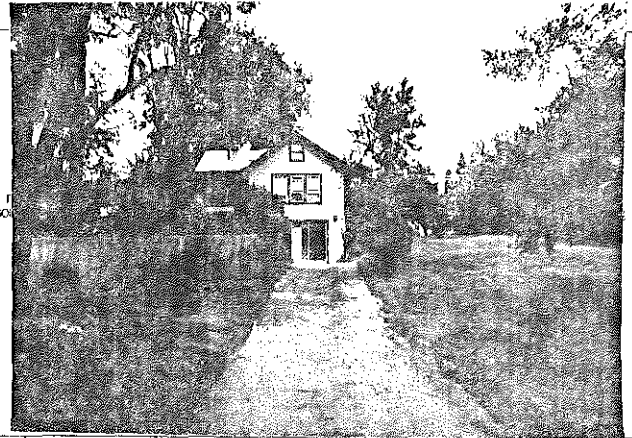
IL 422-0465

ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2450</u>	Town: <u>Wonder Lake</u>	
N: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Brook Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Home: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>11</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Structure		
<u>1110</u> or _____	Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shng: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hippest: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vt Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3		
Biography and further notes on Reverse			
Surveyed by: <u>Blt</u> Date: <u>8/12/18</u>			



IL 422-0485

ILLINOIS RURAL SURVEY			
County: <u>MCH</u>	Site #: <u>2451</u>	Town: <u>Wonder Lake</u>	
N: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Brook Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Home: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>12</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Structure		
<u>11051</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipol: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd Shng: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hippest: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3		
Biography and further notes on Reverse			
Surveyed by: <u>Blt</u> Date: <u>8/12/18</u>			

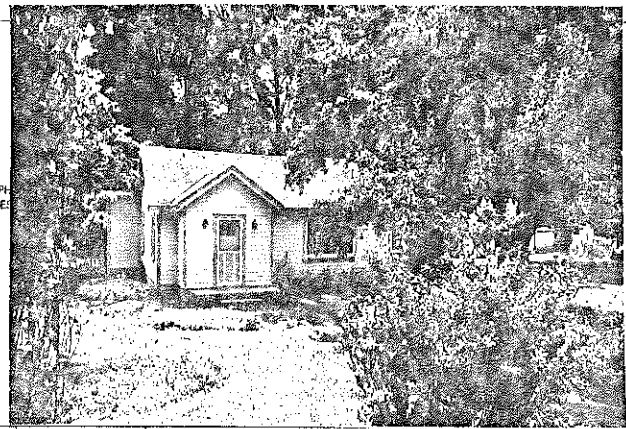


IL 422-0485



**ILLINOIS RURAL SURVEY**

County <i>McH</i>	Site # <i>245D</i>	Town <i>Wonder Lake</i>
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Brook Dr.</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <i>13</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Use/Size		
<i>11/17/11</i> or _____	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vv Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: <i>BH</i> Date: <i>8/12/86</i>			

IL 422-6485

**ILLINOIS RURAL SURVEY**

County <i>McH</i>	Site # <i>2453</i>	Town <i>Wonder Lake</i>
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Brook Dr.</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <i>14</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Use/Size		
<i>11/17/11</i> or _____	Building TYPE		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure		
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vv Alt: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BIBLIOGRAPHY AND FURTHER NOTES ON REVERSE		
Surveyed by: <i>BH</i> Date: <i>8/12/86</i>			

IL 422-6485

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2454</i>	Town: <i>Wonder Lake</i>	
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Brook Dr.</i>		Street View: <input checked="" type="checkbox"/>	

Industrial/Commercial Complex w/3 or more Bldgs:

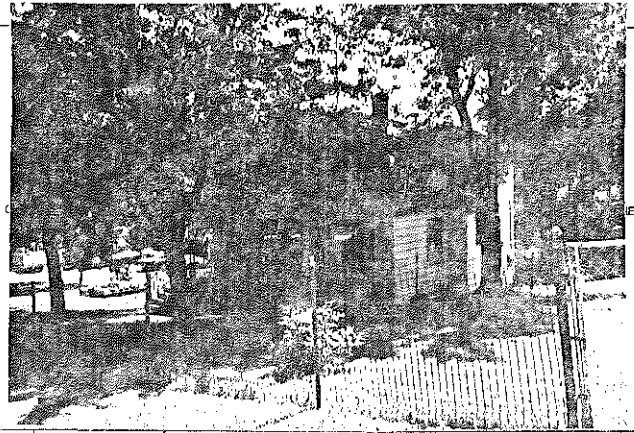
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Cobs, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <i>15</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2*	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>			
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Building TYPE	Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	or	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vt. Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vt. Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	or	Note:	BUILDING 4	or	Note:	
Bibliography and further notes on Reverse		Surveyed by: <i>BA</i>		Date: <i>8/12/86</i>					

IL 422-6465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2455</i>	Town: <i>Wonder Lake</i>	
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>8E</i>
Street: <i>Brook Dr.</i>		Street View: <input checked="" type="checkbox"/>	

Industrial/Commercial Complex w/3 or more Bldgs:

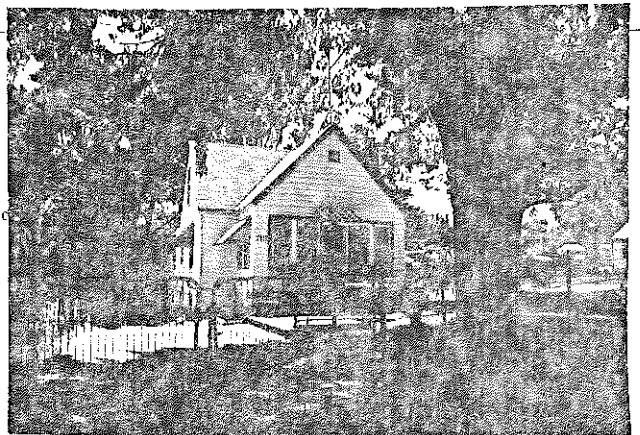
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Cobs, 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_

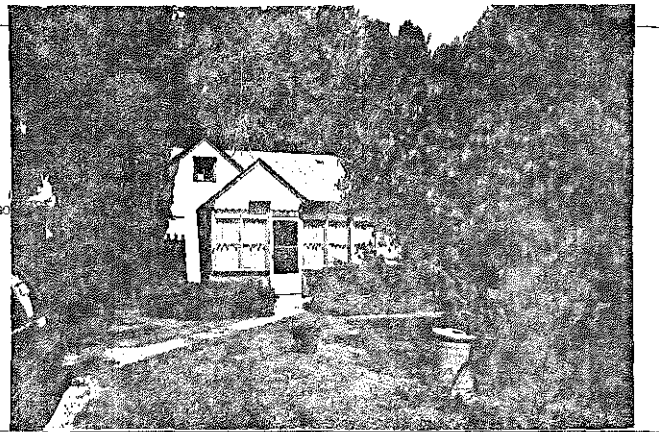


FRAME# <i>16</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2*	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>			
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	or	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Cipbd: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vt. Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vt. Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	or	Note:	BUILDING 4	or	Note:	
Bibliography and further notes on Reverse		Surveyed by: <i>BA</i>		Date: <i>8/12/86</i>					

IL 422-6465

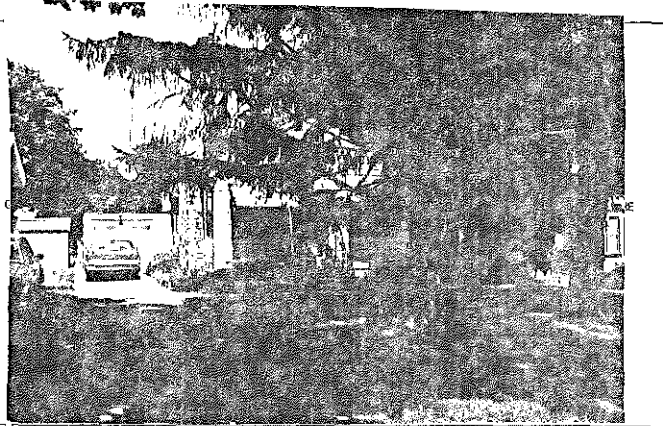
**ILLINOIS RURAL SURVEY**

County: <u>McL</u>	Site #: <u>2456</u>	Town: <u>Woods Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Booke Dr.</u>	Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainry: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Gran Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-2: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>17</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/size	
<u>1111</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	
Bibliography and further notes on Reverse		
Surveyed by: <u>Paul Howard</u> Date: <u>8/12/18</u>		



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2457</u>	Town: <u>Woods Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Booke Dr.</u>	Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainry: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Gran Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-2: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>18</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/size	
<u>1100</u> or _____	Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	
Bibliography and further notes on Reverse		
Surveyed by: <u>BAH</u> Date: <u>8/12/18</u>		



**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2458</i>	Town: <i>Wonder Lake</i>	
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>6E</i>
Street: <i>Brook Dr.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

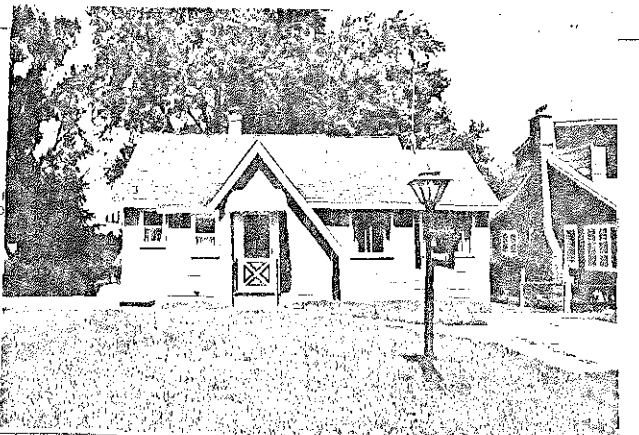


FRAME# <i>19</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2a
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Same ? <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/use size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
<i>11/18</i> or _____	Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	or: _____ Note: _____
Surveyed by: <i>BH</i>	Bibliography and further notes on Reverse	Surveyed by: _____	Date: <i>8/12/18</i>
	BUILDING 4		or: _____ Note: _____

R. 422-0455

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2459</i>	Town: <i>Wonder Lake</i>	
W: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i>	Range: <i>6E</i>
Street: <i>Brook Dr.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



FRAME# <i>20</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>	#1 BUILDING 2a
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Same ? <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/use size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	
<i>11/17</i> or _____	Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	or: _____ Note: _____
Surveyed by: <i>BH</i>	Bibliography and further notes on Reverse	Surveyed by: _____	Date: <i>8/12/18</i>
	BUILDING 4		or: _____ Note: _____

R. 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2460</u>	Town: <u>Wonder Lake</u>
V: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Brook Dr.</u>	Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complexes and/or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

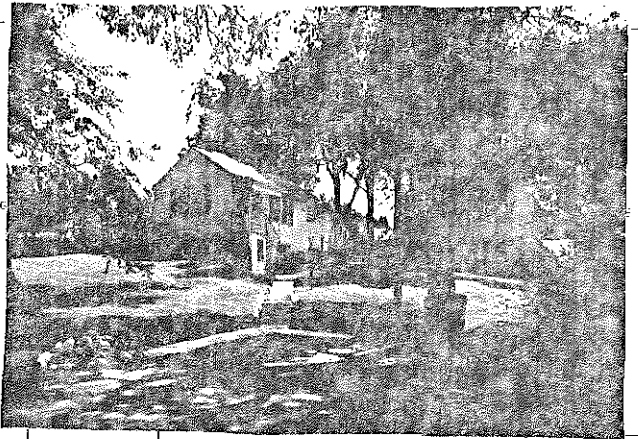


FRAME# <u>21</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size					
<u>1/0/51</u> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE			
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure					
Clad: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof					
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity					
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vt. Altr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3					
Bibliography and further notes on Reverse						
Surveyed by: <u>BH</u> Date: <u>8/12/86</u>						
BUILDING 4						

IL 422-9465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2461</u>	Town: <u>Wonder Lake</u>
V: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Brook Dr.</u>	Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complexes and/or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog House: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>22</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size					
<u>1/0/51</u> or _____	Stories: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		Building TYPE			
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure					
Clad: <input checked="" type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof					
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material					
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity					
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vt. Altr: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3					
Bibliography and further notes on Reverse						
Surveyed by: <u>BH</u> Date: <u>8/12/86</u>						
BUILDING 4						

IL 422-9465



**ILLINOIS RURAL SURVEY**

County: <i>MCH</i>	Site #: <i>2462</i>	Town: <i>Woods Lake</i>
N: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Brook Dr.</i>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

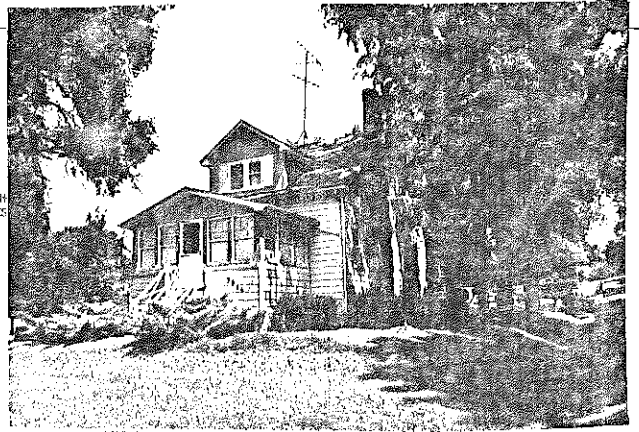
FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <i>23</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<i>1 1/2</i> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: <i>BA</i> Date: <i>8/12/86</i>		

#1 BUILDING 2=	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Roof Material	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
BUILDING 4			

R. 422-6465

**ILLINOIS RURAL SURVEY**

County: <i>MCH</i>	Site #: <i>2463</i>	Town: <i>Woods Lake</i>
N: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Brook Dr.</i>		Street View: <input checked="" type="checkbox"/>

Industrial/Commercial Complex w/3 or more Bldgs.:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib: 1:  2:  3+:

Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:

Grain Bin:  Pump House:  Hog House:  Chicken Coop:  Outhouse:  Mobile Homes:

Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# <i>24</i>	Pres. Funct.: <i>Residence</i>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<i>1 1/2</i> or _____ Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Addl. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		
Surveyed by: <i>BA</i> Date: <i>8/12/86</i>		

#1 BUILDING 2=	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>		
Condition/use/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		
Building TYPE	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____		
Siding material	Cipbt: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>		
Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>		
Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>		
Roof Material	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____		
Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____		
Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altd: <input type="checkbox"/> Addl. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		
BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>		
BUILDING 4			

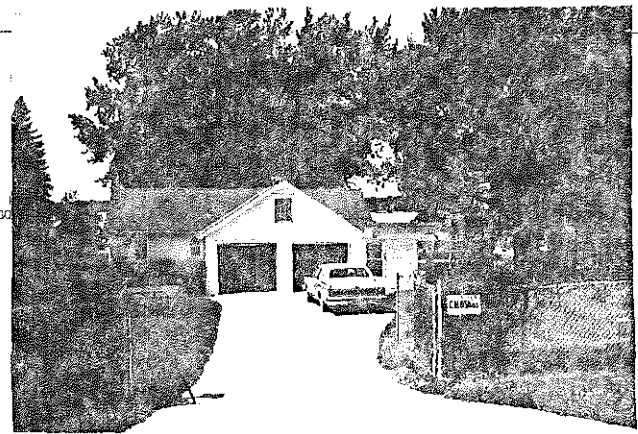
R. 422-6465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>		Site #: <u>2464</u>		Town: <u>Wonder Lake</u>	
R: <u>NW</u>		Sec: <u>18</u>		TWP: <u>45N</u> Range: <u>8E</u>	
Street: <u>Wonder Lake Rd.</u>				Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>					
FARMSTEAD <input type="checkbox"/>					
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mg Barns: <input type="checkbox"/> 3 Mg Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>					
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>					
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>					
Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____					

FRAME# <u>25</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2=	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>				
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>				
<u>1 1/2</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	<u>1 1/2</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>				
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____				
Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wat. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wat. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>				
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>				
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>				
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____				
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____				
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>				
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>				Note:
	BUILDING 4					Note:
Bibliography and further notes on Reverse						
Surveyed by: <u>BH</u> Date: <u>8/12/18</u>						



IL 422-6485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>		Site #: <u>2465</u>		Town: <u>Wonder Lake</u>	
R: <u>NW</u>		Sec: <u>18</u>		TWP: <u>45N</u> Range: <u>8E</u>	
Street: <u>Lake Shore Dr.</u>				Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>					
FARMSTEAD <input type="checkbox"/>					
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mg Barns: <input type="checkbox"/> 3 Mg Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>					
Garage: <input checked="" type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>					
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>					
Sheds: 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____					

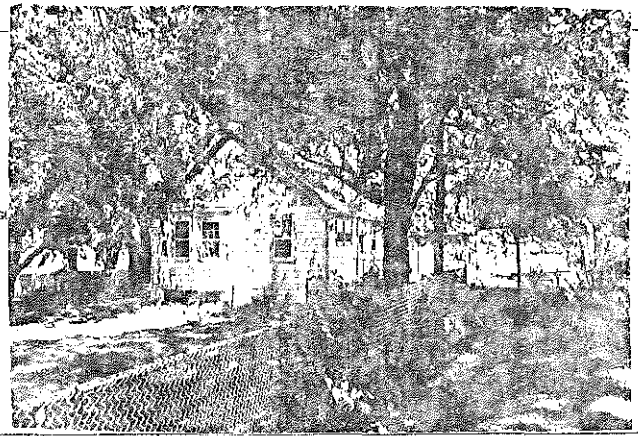
FRAME# <u>26</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2=	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>				
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>				
<u>1 1/2</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	<u>1 1/2</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>				
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____				
Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wat. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wat. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>				
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>				
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>				
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____				
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____				
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vy Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>				
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>				Note:
	BUILDING 4					Note:
Bibliography and further notes on Reverse						
Surveyed by: <u>BH</u> Date: <u>8/12/18</u>						



IL 422-6485

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2466</u>	Town: <u>Wonder Lake</u>	
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Lake Shore Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Hy Barns: <input type="checkbox"/> 3 Hy Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Sdr: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

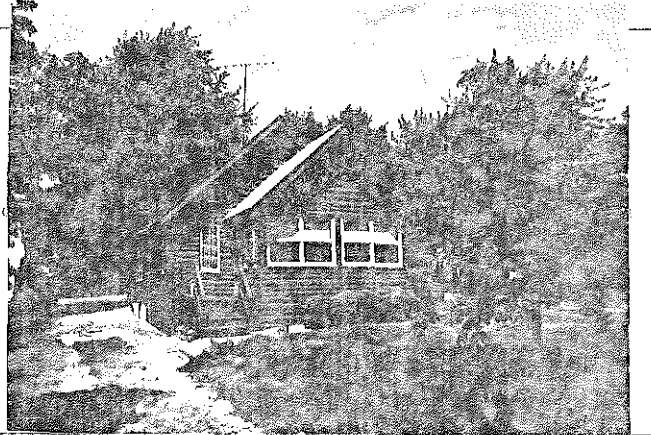


FRAME# <u>27</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lig: <input type="checkbox"/> Mid: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Size	
<u>1111</u> or _____	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Slucon: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vv Altr: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	
Biography and further notes on Reverse		
Surveyed by: <u>BH</u>	Date: <u>8/12/88</u>	

R. 422-0463

**ILLINOIS RURAL SURVEY**

County: <u>MCH</u>	Site #: <u>2467</u>	Town: <u>Wonder Lake</u>	
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Sunset Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Hy Barns: <input type="checkbox"/> 3 Hy Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainary: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Sdr: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



FRAME# <u>28</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lig: <input type="checkbox"/> Mid: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Size	
<u>1111</u> or _____	Building TYPE	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Slucon: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Altr: <input type="checkbox"/> Vv Altr: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1900-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	
Biography and further notes on Reverse		
Surveyed by: <u>BH</u>	Date: <u>8/12/88</u>	

R. 422-0465



**ILLINOIS RURAL SURVEY**

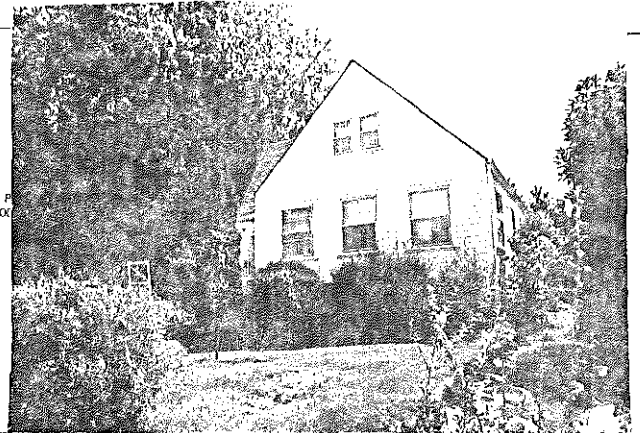
County: <u>McH</u>	Site #: <u>2468</u>	Town: <u>Warden Lake</u>	
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Sunset Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>29</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/use/size: _____		
<u>11/19/11</u> or _____	Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____		
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: _____		
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Ab: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: _____		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: _____		
Bibliography and further notes on Reverse			
Surveyed by: <u>BH</u> Date: <u>8/12/18</u>			



IL 422-0405

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2469</u>	Town: <u>Warden Lake</u>	
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Sunset Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME# <u>30</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: _____		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input checked="" type="checkbox"/>	Condition/use/size: _____		
<u>1/10/15</u> or _____	Stories, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE: _____		
Cipol: <input type="checkbox"/> Weatherbd: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure: _____		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Siding material: _____		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: _____		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: _____		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: _____		
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Ab: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Add., Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: _____		
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1890-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: _____		
Bibliography and further notes on Reverse			
Surveyed by: <u>BH</u> Date: <u>8/12/18</u>			



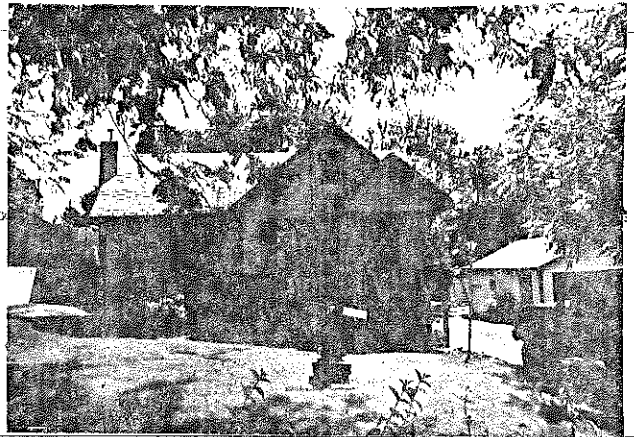
IL 422-0405

**ILLINOIS RURAL SURVEY**

County: McH Site #: 24700 Town: Wonder Lake  
 W: NW Sec: 18 TWP: 45N Range: 8E  
 Street: Sunset Dr. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Com Crbs, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainory:  Smokehouse:  Summer Kitchen:  S/O:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 31 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Log  Md  Sm   
 1 1 1 1 1 or: \_\_\_\_\_ Stones, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Atrd:  Add, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: BH Date: 8/12/86

FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: \_\_\_\_\_  
 Condition/Size: \_\_\_\_\_  
 Building TYPE: \_\_\_\_\_  
 Structure: \_\_\_\_\_  
 Siding material: \_\_\_\_\_  
 Foundation: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 Roof Material: \_\_\_\_\_  
 Integrity: \_\_\_\_\_  
 Period: \_\_\_\_\_  
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0165

**ILLINOIS RURAL SURVEY**

County: McH Site #: 24701 Town: Wonder Lake  
 W: NW Sec: 18 TWP: 45N Range: 8E  
 Street: Sunset Dr. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:

FARMSTEAD

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Com Crbs, 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainory:  Smokehouse:  Summer Kitchen:  S/O:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 32 Pres. Funct.: Residence Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Log  Md  Sm   
 1 1 1 1 1 or: \_\_\_\_\_ Stones, 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weatherbd:  Vert:  Wd. Shngl:  Brick:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vy Atrd:  Add, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: BH Date: 8/12/86

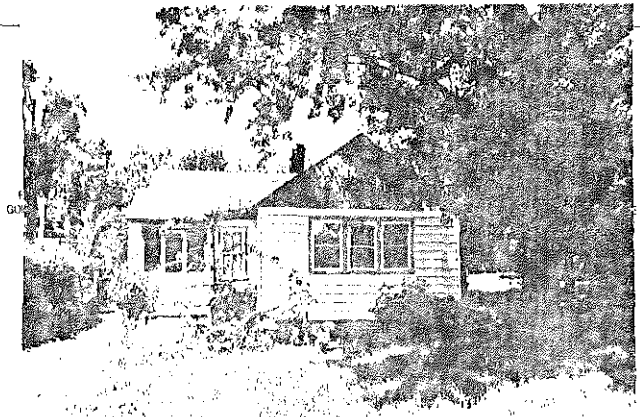
FRAME# \_\_\_\_\_ Pres. Funct.: \_\_\_\_\_ Same?

Original Function: \_\_\_\_\_  
 Condition/Size: \_\_\_\_\_  
 Building TYPE: \_\_\_\_\_  
 Structure: \_\_\_\_\_  
 Siding material: \_\_\_\_\_  
 Foundation: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 Roof Material: \_\_\_\_\_  
 Integrity: \_\_\_\_\_  
 Period: \_\_\_\_\_  
 BUILDING 3: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or: \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0165

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2472</u>	Town: <u>Wonder Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Sunset Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
Houses: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage <input type="checkbox"/> Mach. Shed <input type="checkbox"/> Grainery <input type="checkbox"/> Smokehouse <input type="checkbox"/> Summer Kitchen <input type="checkbox"/> Silo <input type="checkbox"/> Windmill <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House <input type="checkbox"/> Hog Houses <input type="checkbox"/> Chicken Coop <input type="checkbox"/> Outhouse <input type="checkbox"/> Mobile Homes <input type="checkbox"/>		
Sheds, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

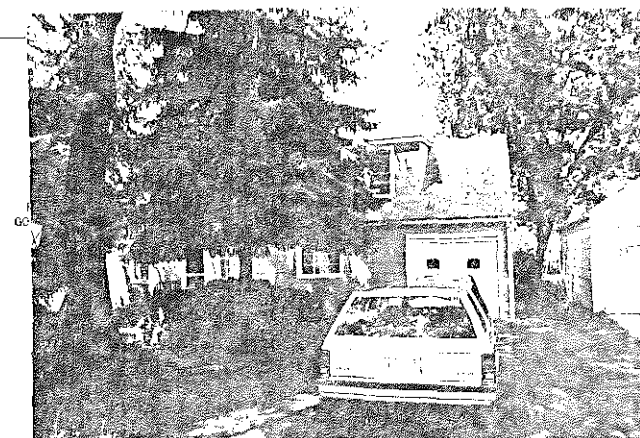


FRAME# <u>33</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		Residence <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Deteriorated <input type="checkbox"/> Abandoned <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>			Condition/Usability
<u>105</u> or: _____	Stones, 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>			
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Structure		Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Clapd <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>			
Clapd <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Siding material		Clapd <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>			
Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Foundation		Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tls <input type="checkbox"/>	Roof			
Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tls <input type="checkbox"/>	Roof		Gable <input type="checkbox"/> Hipprtd <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof Material			
Gable <input checked="" type="checkbox"/> Hipprtd <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof Material		Asphalt Shngl <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Integrity			
Asphalt Shngl <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Integrity		Good <input type="checkbox"/> Fair <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atrd <input type="checkbox"/> Add, Major <input type="checkbox"/> Minor <input type="checkbox"/>	Period			
Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atrd <input type="checkbox"/> Add, Major <input type="checkbox"/> Minor <input type="checkbox"/>	Period		1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input type="checkbox"/> 1910-1945 <input checked="" type="checkbox"/>	BUILDING 3			
1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input type="checkbox"/> 1910-1945 <input checked="" type="checkbox"/>	BUILDING 3		_____ or _____	Note:			
Biography and further notes on Reverse		Date: <u>8/12/80</u>	BUILDING 4				
Surveyed by: <u>BAT</u>		Date: <u>8/12/80</u>	_____ or _____				
			Note:				

R. 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2473</u>	Town: <u>Wonder Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Sunset Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn <input type="checkbox"/> 2 Mj Barns <input type="checkbox"/> 3 Mj Barns <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage <input type="checkbox"/> Mach. Shed <input type="checkbox"/> Grainery <input type="checkbox"/> Smokehouse <input type="checkbox"/> Summer Kitchen <input type="checkbox"/> Silo <input type="checkbox"/> Windmill <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House <input type="checkbox"/> Hog Houses <input type="checkbox"/> Chicken Coop <input type="checkbox"/> Outhouse <input type="checkbox"/> Mobile Homes <input type="checkbox"/>		
Sheds, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		

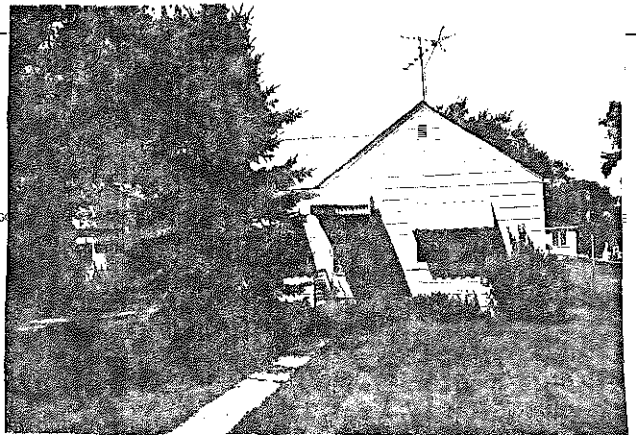


FRAME# <u>34</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function		Residence <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Deteriorated <input type="checkbox"/> Abandoned <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>		
<u>101</u> or: _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or _____	Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Structure		Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other _____	Clapd <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>		
Clapd <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Siding material		Clapd <input type="checkbox"/> Weatherbd <input type="checkbox"/> Vert <input type="checkbox"/> Wd Shngl <input type="checkbox"/> Brick <input type="checkbox"/>	Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>		
Stone <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>	Foundation		Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tls <input type="checkbox"/>	Roof		
Brick <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Poured or Stucco <input type="checkbox"/> Tls <input type="checkbox"/>	Roof		Gable <input type="checkbox"/> Hipprtd <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof Material		
Gable <input checked="" type="checkbox"/> Hipprtd <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other _____	Roof Material		Asphalt Shngl <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Integrity		
Asphalt Shngl <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other _____	Integrity		Good <input type="checkbox"/> Fair <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atrd <input type="checkbox"/> Add, Major <input type="checkbox"/> Minor <input type="checkbox"/>	Period		
Good <input type="checkbox"/> Fair <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atrd <input type="checkbox"/> Add, Major <input type="checkbox"/> Minor <input type="checkbox"/>	Period		1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input type="checkbox"/> 1910-1945 <input checked="" type="checkbox"/>	BUILDING 3		
1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input type="checkbox"/> 1910-1945 <input checked="" type="checkbox"/>	BUILDING 3		_____ or _____	Note:		
Biography and further notes on Reverse		Date: <u>8/12/80</u>	BUILDING 4			
Surveyed by: <u>BAT</u>		Date: <u>8/12/80</u>	_____ or _____			
			Note:			

R. 422-0455

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2474 Town: Wonder Lake  
 W: NW Sec: 18 TWP: 45N Range: 8E  
 Street: Sunset Dr. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:   
 FARMSTEAD   
 House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 35 Pres. Funct.: Residence Same?  #1 BUILDING 2# \_\_\_\_\_ Same?

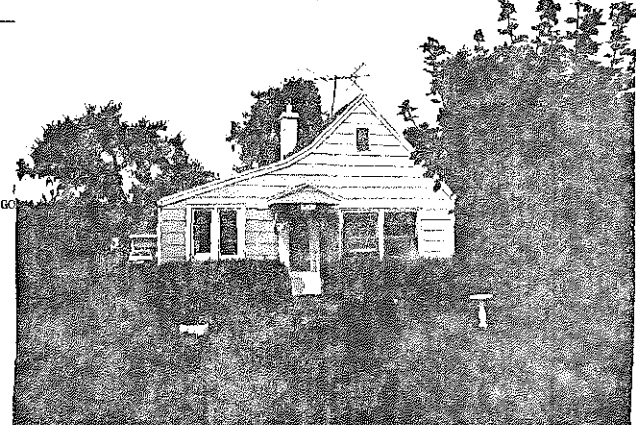
Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 or: \_\_\_\_\_ Stories: 1:  1 1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weathered:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asphalt:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Abr:  Vy Abd:  Add, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: BH Date: 8/12/86

Original Function: \_\_\_\_\_  
 Condition/size: \_\_\_\_\_  
 Building TYPE: \_\_\_\_\_  
 Structure: \_\_\_\_\_  
 Siding material: \_\_\_\_\_  
 Foundation: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 Roof Material: \_\_\_\_\_  
 Integrity: \_\_\_\_\_  
 Period: \_\_\_\_\_  
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

B. 422-0465

**ILLINOIS RURAL SURVEY**

County: McH Site #: 2475 Town: Wonder Lake  
 W: NW Sec: 18 TWP: 45N Range: 8E  
 Street: Sunset Dr. Street View:   
 Industrial/Commercial Complex w/3 or more Bldgs:   
 FARMSTEAD   
 House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Crib: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bins:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Homes:   
 Sheds, 1-3:  3+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 35 Pres. Funct.: Residence Same?  #1 BUILDING 2# \_\_\_\_\_ Same?

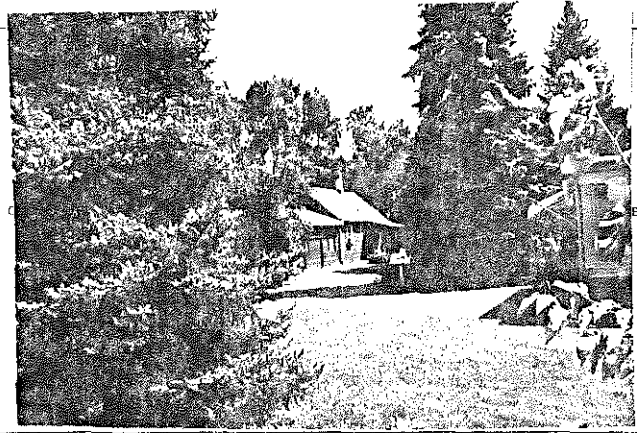
Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg  Md  Sm   
 or: \_\_\_\_\_ Stories: 1:  1 1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Clpbd:  Weathered:  Vert:  Wd Shngl:  Brick:   
 Stone:  Block:  Metal:  Asphalt:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Abr:  Vy Abd:  Add, Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse  
 Surveyed by: BH Date: 8/12/86

Original Function: \_\_\_\_\_  
 Condition/size: \_\_\_\_\_  
 Building TYPE: \_\_\_\_\_  
 Structure: \_\_\_\_\_  
 Siding material: \_\_\_\_\_  
 Foundation: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 Roof Material: \_\_\_\_\_  
 Integrity: \_\_\_\_\_  
 Period: \_\_\_\_\_  
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

B. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2476</u>	Town: <u>Wonder Lake</u>	
Va: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Sunset Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Cribs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			

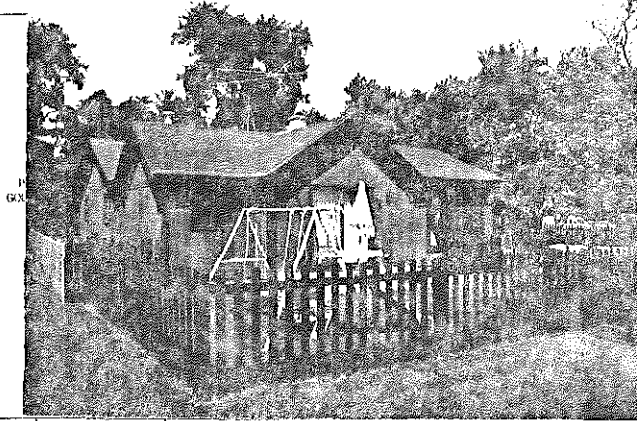


FRAME# <u>1</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Utilize	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>11015</u> or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vt. Abd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vt. Abd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Surveyed by: <u>BIT</u> Bibliography and further notes on Reverse Date: <u>8/12/86</u>	BUILDING 4	_____ or: _____ Note: _____

E. 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2476</u>	Town: <u>Wonder Lake</u>	
Va: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u>	Range: <u>8E</u>
Street: <u>Sunset Dr.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Cribs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			



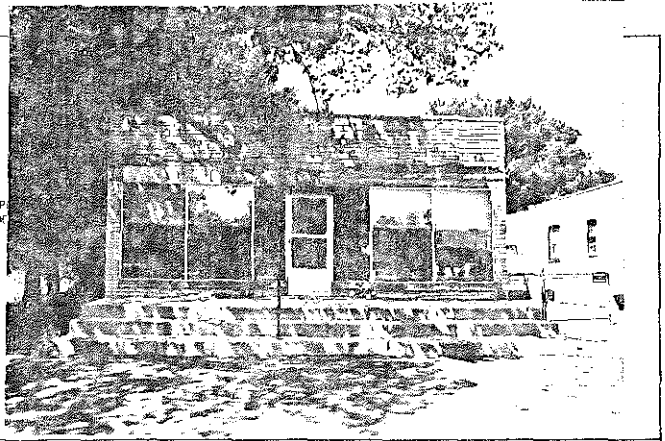
FRAME# <u>11015</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME# _____ Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/Utilize	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>11015</u> or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or: _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipol: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipcd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input checked="" type="checkbox"/> Vt. Abd: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vt. Abd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Surveyed by: <u>BIT</u> Bibliography and further notes on Reverse Date: <u>8/12/86</u>	BUILDING 4	_____ or: _____ Note: _____

E. 422-0465



**ILLINOIS RURAL SURVEY**

County: <b>McH</b>	Site #: <b>2478</b>	Town: <b>Wonder Lake</b>	
V: <b>SW</b>	Sec: <b>7</b>	TWP: <b>45N</b>	Range: <b>8E</b>
Street: <b>Hancock Dr.</b>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments:			

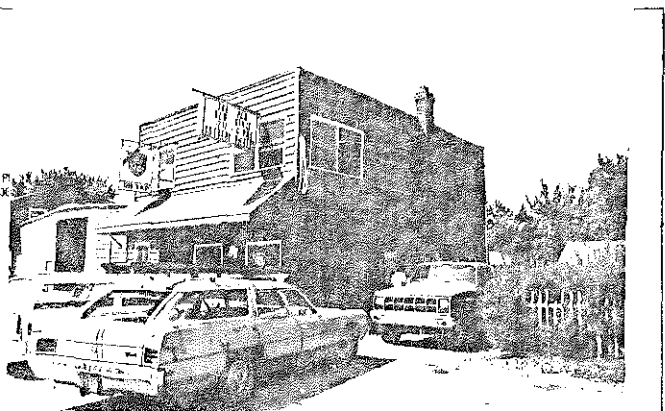


FRAME# <b>3</b>	Prim. Funct.: <b>Commercial</b>	Same ? <input checked="" type="checkbox"/>	w/ BUILDING 2#	FRAME#	Prim. Funct.:	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input checked="" type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>					
<b>51011</b> or: Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: or: Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>					
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____					
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input checked="" type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>					
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input checked="" type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____					
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____					
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vj. Abd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vj. Abd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>					
Bibliography and further notes on Reverse			BUILDING 3			
Surveyed by: <b>BLH</b>			BUILDING 4			
Date: <b>8/12/86</b>			Note:			

IL 422-0445

**ILLINOIS RURAL SURVEY**

County: <b>McH</b>	Site #: <b>2479</b>	Town: <b>Wonder Lake</b>	
V: <b>SW</b>	Sec: <b>7</b>	TWP: <b>45N</b>	Range: <b>8E</b>
Street: <b>Hancock Dr.</b>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Crib: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments:			

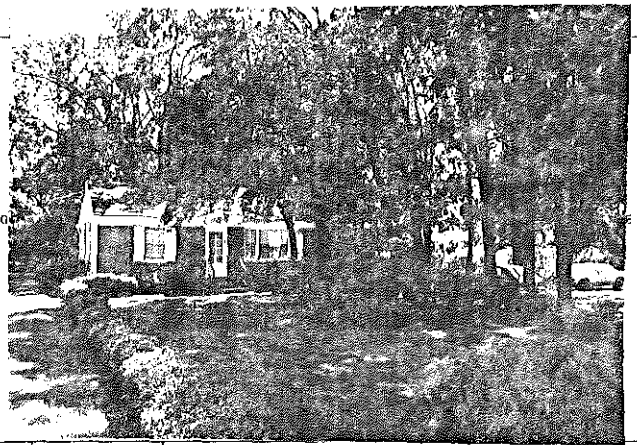


FRAME# <b>4</b>	Prim. Funct.: <b>Commercial</b>	Same ? <input checked="" type="checkbox"/>	w/ BUILDING 2#	FRAME#	Prim. Funct.:	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input checked="" type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function: Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>					
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>					
<b>51013</b> or: Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE: or: Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>					
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure: Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____					
Cipol: <input checked="" type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material: Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Hd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>					
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>					
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation: Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Plaster or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>					
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input checked="" type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof: Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____					
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material: Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____					
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vj. Abd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity: Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vj. Abd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>					
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period: 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>					
Bibliography and further notes on Reverse			BUILDING 3			
Surveyed by: <b>BLH</b>			BUILDING 4			
Date: <b>8/12/86</b>			Note:			

IL 422-0445

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2480</u>	Town: <u>Wonder Lake</u>
W: <u>800 NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Hancock Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>5</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input checked="" type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>     </u> or _____ Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input type="checkbox"/> Masonry: <input checked="" type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbs: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Siding material	Cipbs: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adj. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adj. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1800-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1800-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Surveyed by: <u>BH</u>	Date: <u>8/12/88</u>	



L 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2481</u>	Town: <u>Wonder Lake</u>
W: <u>NW</u>	Sec: <u>18</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Hancock Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crbs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>6</u>	Pres. Funct.: <u>Commercial</u>	Same? <input checked="" type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input checked="" type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence <input type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>
<u>5 0 1 1</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbs: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipbs: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input checked="" type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adj. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Adj. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1800-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1899: <input type="checkbox"/> 1800-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Surveyed by: <u>BH</u>	Date: <u>8/12/88</u>	



L 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2482</i>	Town: <i>Wonder Lake</i>
N: <i>NW</i>	Sec: <i>18</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Hancock Dr.</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs.: <input type="checkbox"/> Comments: _____		

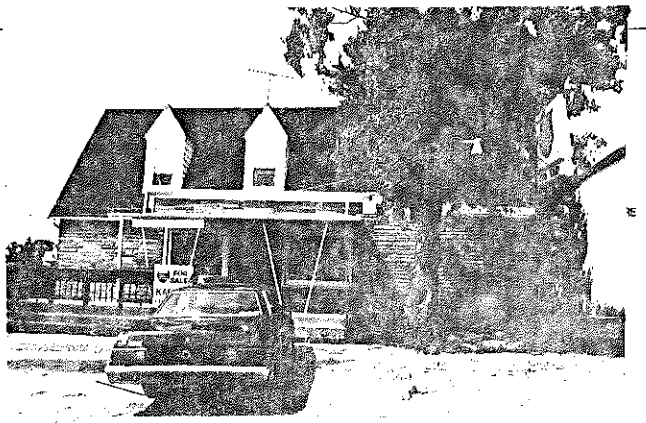


FRAME# <i>7</i>	Pres. Funct.: <i>Residence</i>	Same 7? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same 7? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log: <input type="checkbox"/> Mid: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Finish/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log: <input type="checkbox"/> Mid: <input type="checkbox"/> Sm: <input type="checkbox"/>	Building TYPE
<i>1108</i> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material
Cipol: <input type="checkbox"/> Weathered: <input checked="" type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof: <input type="checkbox"/> Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Roof: <input type="checkbox"/> Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period: <input type="checkbox"/> 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	Period: <input type="checkbox"/> 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	or: _____ Note: _____	BUILDING 4	or: _____ Note: _____		
Bibliography and further notes on Reverse			Bibliography and further notes on Reverse			
Surveyed by: <i>BH</i> Date: <i>8/12/86</i>			Surveyed by: _____ Date: _____			

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <i>McH</i>	Site #: <i>2483</i>	Town: <i>Wonder Lake</i>
N: <i>SW</i>	Sec: <i>7</i>	TWP: <i>45N</i> Range: <i>8E</i>
Street: <i>Hancock Dr.</i>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs.: <input type="checkbox"/> Comments: _____		



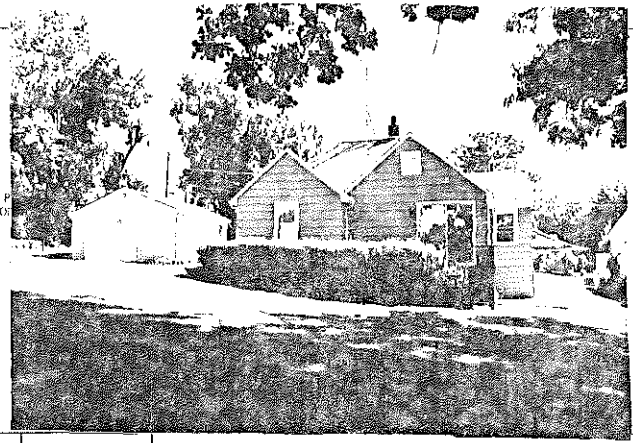
FRAME# <i>8</i>	Pres. Funct.: <i>Tavern</i>	Same 7? <input type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.:	Same 7? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log: <input type="checkbox"/> Mid: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/Finish/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log: <input type="checkbox"/> Mid: <input type="checkbox"/> Sm: <input type="checkbox"/>	Building TYPE
<i>1108</i> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material
Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input checked="" type="checkbox"/>	Siding material	Cipol: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof: <input type="checkbox"/> Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Roof: <input type="checkbox"/> Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Integrity	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vt. Alt: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period: <input type="checkbox"/> 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period	Period: <input type="checkbox"/> 1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	or: _____ Note: _____	BUILDING 4	or: _____ Note: _____		
Bibliography and further notes on Reverse			Bibliography and further notes on Reverse			
Surveyed by: <i>BH</i> Date: <i>8/12/86</i>			Surveyed by: _____ Date: _____			

IL 422-0465



**ILLINOIS RURAL SURVEY**

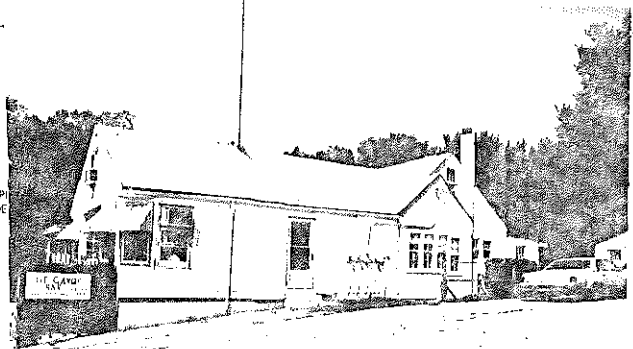
County: <u>McH</u>	Site #: <u>2484</u>	Town: <u>Wonder Lake</u>
W: <u>SW</u>	Sec: <u>7</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Lincoln Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex (2 or more Bldgs): <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crbs: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Sto: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>1</u>	Pres. Funct.: <u>Residence</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function: _____	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lig <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Size: _____	
<u>1</u>   <u>1</u>   <u>1</u>   <u>1</u> or: _____	Building TYPE: _____	
Stones: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure: _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material: _____	
Cipcd: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation: _____	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof: _____	
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material: _____	
Gable: <input checked="" type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period: _____	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Abr: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	1700-1750: <input type="checkbox"/> 1800-1850: <input type="checkbox"/> 1850-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	
1700-1750: <input type="checkbox"/> 1800-1850: <input type="checkbox"/> 1850-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: <u>BH</u> Date: <u>8/12/86</u>		



IL 422-0465

**ILLINOIS RURAL SURVEY**

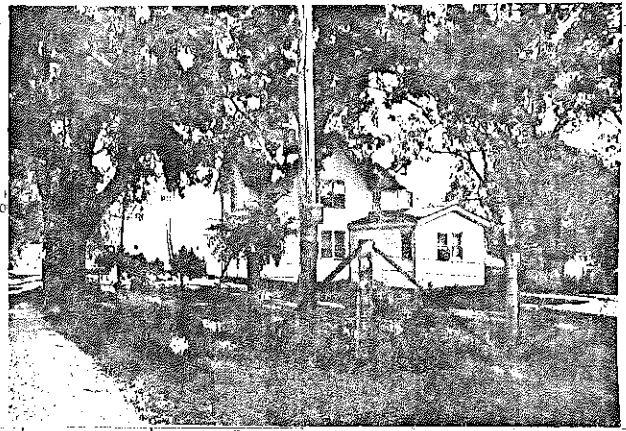
County: <u>McH</u>	Site #: <u>2485</u>	Town: <u>Wonder Lake</u>
W: <u>SW</u>	Sec: <u>7</u>	TWP: <u>45N</u> Range: <u>8E</u>
Street: <u>Lake Shore Dr.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex (2 or more Bldgs): <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 Mj. Barns: <input type="checkbox"/> 3 Mj. Barns: <input type="checkbox"/> Corn Crbs: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Sto: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>10</u>	Pres. Funct.: <u>Commercial/Residential</u>	Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>	Original Function: _____	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lig <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Size: _____	
<u>1</u>   <u>1</u>   <u>1</u>   <u>1</u> or: _____	Building TYPE: _____	
Stones: 1: <input type="checkbox"/> 1-1/2: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Structure: _____	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Siding material: _____	
Cipcd: <input type="checkbox"/> Weathered: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Foundation: _____	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asphalt: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Roof: _____	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof Material: _____	
Gable: <input checked="" type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Integrity: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Period: _____	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Abr: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	1700-1750: <input type="checkbox"/> 1800-1850: <input type="checkbox"/> 1850-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	
1700-1750: <input type="checkbox"/> 1800-1850: <input type="checkbox"/> 1850-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Bibliography and further notes on Reverse	
Surveyed by: <u>BH</u> Date: <u>8/12/86</u>		



IL 422-0465

**ILLINOIS RURAL SURVEY**

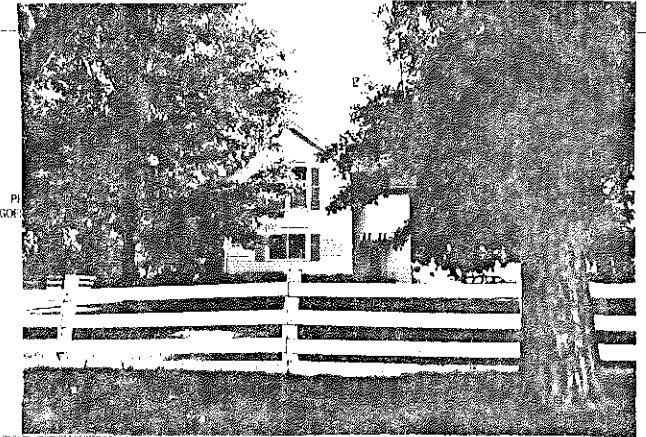
County: <u>McH</u>	Site #: <u>2486</u>	Town: <u>Crystal Lake</u>	
W: <u>NW</u>	Sec: <u>16</u>	TWP: <u>45N 44W</u>	Range: <u>8E</u>
Street: <u>Walkup Rd</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mt. Barns: <input type="checkbox"/> 3 Mt. Barns: <input type="checkbox"/> Corn Cobs: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed <input type="checkbox"/> Grainery <input type="checkbox"/> Smokehouse <input type="checkbox"/> Summer Kitchen <input type="checkbox"/> Silo <input type="checkbox"/> Windmill <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House <input type="checkbox"/> Hog Houses <input type="checkbox"/> Chicken Coop <input type="checkbox"/> Outhouse <input type="checkbox"/> Mobile Homes <input type="checkbox"/>			
Sheds: 1: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME: <input type="checkbox"/> Pres. Funct.: <u>Residence</u>		Same? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>		Original Function: _____	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>		Condition/Use: _____	
1/18 or: _____		Building TYPE: _____	
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other: _____		Structure: _____	
Cipol: <input checked="" type="checkbox"/> Weathered <input type="checkbox"/> Vert <input type="checkbox"/> W/ Shngl <input type="checkbox"/> Brck <input type="checkbox"/>		Siding material: _____	
Stone: <input type="checkbox"/> Block <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>		Foundation: _____	
Brck: <input type="checkbox"/> Stone <input checked="" type="checkbox"/> Block <input type="checkbox"/> Placed or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>		Roof: _____	
Gable: <input checked="" type="checkbox"/> Hipped <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other: _____		Roof Material: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other: _____		Integrity: _____	
Good: <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vv Alt: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		Period: _____	
1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input checked="" type="checkbox"/> 1910-1945 <input type="checkbox"/>		BUILDING 3: _____	
Bibliography and further notes on Reverse		BUILDING 4: _____	
Surveyed by: <u>BH</u>		Date: <u>8/13/84</u>	



IL 422-0465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2487</u>	Town: <u>East Crystal Lake</u>	
W: <u>SW</u>	Sec: <u>9</u>	TWP: <u>44N 45W</u>	Range: <u>8E</u>
Street: <u>Walkup Rd.</u>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 Mt. Barns: <input type="checkbox"/> 3 Mt. Barns: <input type="checkbox"/> Corn Cobs: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>			
Garage: <input checked="" type="checkbox"/> Mach. Shed <input type="checkbox"/> Grainery <input type="checkbox"/> Smokehouse <input type="checkbox"/> Summer Kitchen <input type="checkbox"/> Silo <input checked="" type="checkbox"/> Windmill <input type="checkbox"/>			
Grain Bin: <input type="checkbox"/> Pump House <input type="checkbox"/> Hog Houses <input type="checkbox"/> Chicken Coop <input type="checkbox"/> Outhouse <input type="checkbox"/> Mobile Homes <input type="checkbox"/>			
Sheds: 1: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____			
FRAME: <u>12</u> Pres. Funct.: <u>Barn</u>		Same? <input type="checkbox"/>	
Residence: <input type="checkbox"/> Outbuilding <input checked="" type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Barn <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Structural <input type="checkbox"/> Religious <input type="checkbox"/>		Original Function: _____	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>		Condition/Use: _____	
2/0/ or: _____		Building TYPE: _____	
Frame: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Other: _____		Structure: _____	
Cipol: <input type="checkbox"/> Weathered <input type="checkbox"/> Vert <input checked="" type="checkbox"/> W/ Shngl <input type="checkbox"/> Brck <input type="checkbox"/>		Siding material: _____	
Stone: <input type="checkbox"/> Block <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Tar Ppr <input type="checkbox"/>		Foundation: _____	
Brck: <input type="checkbox"/> Stone <input checked="" type="checkbox"/> Block <input type="checkbox"/> Placed or Stucco <input type="checkbox"/> Tile <input type="checkbox"/>		Roof: _____	
Gable: <input checked="" type="checkbox"/> Hipped <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Other: _____		Roof Material: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shngl <input type="checkbox"/> Other: _____		Integrity: _____	
Good: <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Alt: <input type="checkbox"/> Vv Alt: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>		Period: _____	
1700-1799 <input type="checkbox"/> 1800-1859 <input type="checkbox"/> 1860-1910 <input checked="" type="checkbox"/> 1910-1945 <input type="checkbox"/>		BUILDING 3: _____	
Bibliography and further notes on Reverse		BUILDING 4: _____	
Surveyed by: <u>BH</u>		Date: <u>8/13/84</u>	

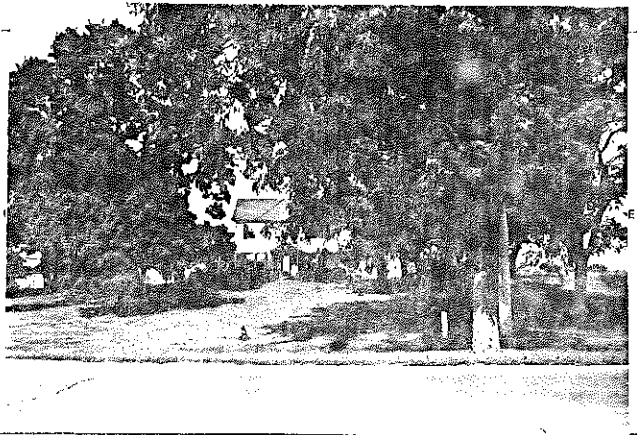


IL 422-0465



**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2488</u>	Town: <u>McHenry</u>
W: <u>SE</u>	Sec: <u>8</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Crystal Lake Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Com Crbs. 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		



FRAME# <u>14</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME#	Pres. Funct.: _____ Same? <input type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	
<u>103</u> or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	_____ or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	
Cipd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tar: <input type="checkbox"/>	
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Abn: <input type="checkbox"/> Vy Abn: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Abn: <input type="checkbox"/> Vy Abn: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	_____ or _____ Note: _____	
Surveyed by: <u>BH</u> Bibliography and further notes on Reverse Date: <u>8/13/86</u>	BUILDING 4	_____ or _____ Note: _____	

IL 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2489</u>	Town: <u>McHenry</u>
W: <u>SEN</u>	Sec: <u>9</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Crystal Lake Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Com Crbs. 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input checked="" type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input checked="" type="checkbox"/> Comments: _____		



FRAME# <u>15</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	#1 BUILDING 2#	FRAME# <u>15</u> Pres. Funct.: <u>Barn</u> Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input type="checkbox"/> Md: <input checked="" type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg: <input checked="" type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>
<u>104</u> or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	<u>201</u> or _____ Stones, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tar: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Gable: <input type="checkbox"/> Hipped: <input checked="" type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Abn: <input type="checkbox"/> Vy Abn: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Abn: <input type="checkbox"/> Vy Abn: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input checked="" type="checkbox"/>	Period	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	_____ or _____ Note: _____
Surveyed by: <u>BH</u> Bibliography and further notes on Reverse Date: <u>8/13/86</u>	BUILDING 4	_____ or _____ Note: _____

IL 422-0455

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2490</u>	Town: <u>McHenry</u>
W: <u>SE</u>	Sec: <u>8</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Crystal Lake Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>15</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function:	Block/Use: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Mid <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size:	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Mid <input type="checkbox"/> Sm <input type="checkbox"/>
<u>1003</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE:	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure:	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material:	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Ashbcs: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation:	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Ashbcs: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Floor:	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material:	Gable: <input type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity:	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vly Ahd: <input type="checkbox"/> Adv. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period:	Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vly Ahd: <input type="checkbox"/> Adv. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		or _____ Note:
Surveyed by: <u>BH</u>	Date: <u>8/13/84</u>	BUILDING 4



B. 422-6465

**ILLINOIS RURAL SURVEY**

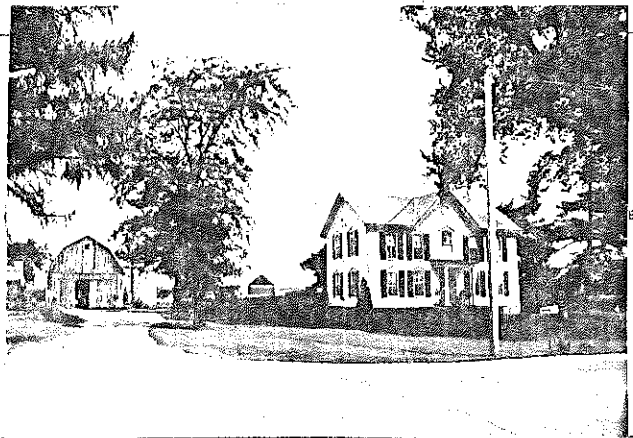
County: <u>McH</u>	Site #: <u>2491</u>	Town: <u>McHenry</u>
W: <u>NW</u>	Sec: <u>9</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Crystal Lake Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Cobs, 1: <input checked="" type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>1017</u>	Pres. Funct.: <u>Residence</u>	Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function:	Block/Use: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Mid <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size:	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Mid <input type="checkbox"/> Sm <input type="checkbox"/>
<u>1013</u> or _____ Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE:	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure:	Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material:	Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Ashbcs: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation:	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Ashbcs: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Floor:	Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material:	Gable: <input type="checkbox"/> Hipptd: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity:	Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vly Ahd: <input type="checkbox"/> Adv. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period:	Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vly Ahd: <input type="checkbox"/> Adv. Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>
Bibliography and further notes on Reverse		or _____ Note:
Surveyed by: <u>BH</u>	Date: <u>8/13/84</u>	BUILDING 4



B. 422-6465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2492</u>	Town: <u>McHenry</u>
W: <u>NW</u>	Sec: <u>9</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Crytal Lake Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____		



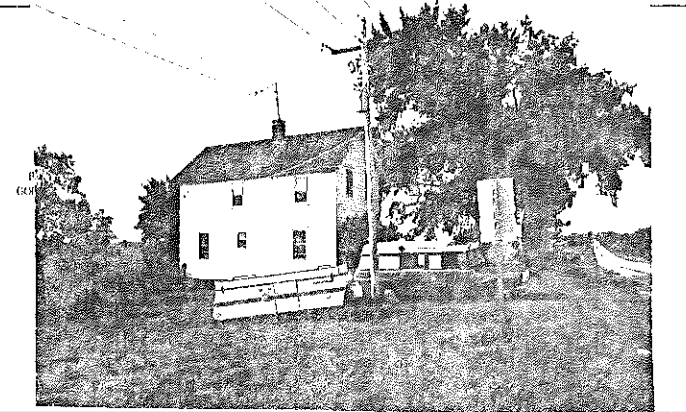
FRAME# <u>17</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>1108</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppc: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Paired or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	
Bibliography and further notes on Reverse		
Surveyed by: <u>BA</u>	Date: <u>8/13/86</u>	

FRAME# <u>17</u>	Pres. Funct.: <u>Barn</u>	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input checked="" type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>205</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppc: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Paired or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	
Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____	

IL 422-0485

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2493</u>	Town: <u>McHenry</u>
W: <u>SE</u>	Sec: <u>4</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Crytal Lake Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
FARMSTEAD <input checked="" type="checkbox"/>		
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>		
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>		
Grain Bin: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>		
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: <u>Farm broken down</u>		



FRAME# <u>19</u>	Pres. Funct.: <u>Residence</u>	Same ? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
<u>1101</u> or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppc: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Paired or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	BUILDING 3	
Bibliography and further notes on Reverse		
Surveyed by: <u>BA</u>	Date: <u>8/13/86</u>	

FRAME# _____	Pres. Funct.: _____	Same ? <input type="checkbox"/>
Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	
_____ or _____	Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>	
Frame: <input type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	
Cipbd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Siding material	
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppc: <input type="checkbox"/>	Foundation	
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Paired or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	
Gable: <input type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	
Asphalt Shngl: <input type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	
Good: <input type="checkbox"/> Fair: <input type="checkbox"/> Altr: <input type="checkbox"/> Vy Altr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Period	
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	
Bibliography and further notes on Reverse		
Surveyed by: _____	Date: _____	

IL 422-0485

Looks like same residence as site 2495

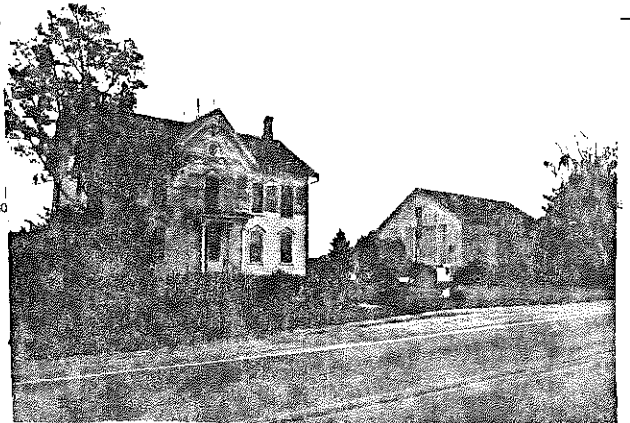


ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2494</i>	Town: <i>McHenry</i>	
R: <i>NE</i>	Sec: <i>4</i>	TWP: <i>44N</i>	Range: <i>8E</i>
Street: <i>Crysal Lake Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input type="checkbox"/>			
House: <input type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/>			
Sheds, 1-3: <input type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>20</i>	Pres. Funct.: <i>Residence</i>	Same ? <input type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size		
<i>4021</i> or _____	Stories: 1: <input checked="" type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipd: <input checked="" type="checkbox"/> Weather: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material		
Brick: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input checked="" type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: <i>BH</i> Date: <i>8/13/86</i>			



IL 422-0465

ILLINOIS RURAL SURVEY			
County: <i>McH</i>	Site #: <i>2495</i>	Town: <i>McHenry</i>	
R: <i>NE</i>	Sec: <i>4</i>	TWP: <i>44N</i>	Range: <i>8E</i>
Street: <i>Crysal Lake Rd.</i>		Street View: <input checked="" type="checkbox"/>	
Industrial/Commercial Complex w/3 or more Bldgs: <input type="checkbox"/>			
FARMSTEAD <input checked="" type="checkbox"/>			
House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 Mj Barns: <input type="checkbox"/> Corn Cobs, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/>			
Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Grainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Silo: <input type="checkbox"/> Windmill: <input type="checkbox"/>			
Grain Bins: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input checked="" type="checkbox"/>			
Sheds, 1-3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldg: <input type="checkbox"/> Comments: _____			
FRAME# <i>21</i>	Pres. Funct.: <i>Residence</i>	Same ? <input checked="" type="checkbox"/>	
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function		
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Log: <input type="checkbox"/> Md: <input type="checkbox"/> Sm: <input type="checkbox"/>	Condition/size		
<i>11181</i> or _____	Stories: 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>		
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Building TYPE		
Cipd: <input checked="" type="checkbox"/> Weather: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd. Shngl: <input type="checkbox"/> Brick: <input type="checkbox"/>	Structure		
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Pyr: <input type="checkbox"/>	Siding material		
Brick: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Foundation		
Gable: <input checked="" type="checkbox"/> Hipped: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof		
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Roof Material		
Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Alt: <input type="checkbox"/> Vy Abd: <input type="checkbox"/> Add. Major: <input type="checkbox"/> Minor: <input type="checkbox"/>	Integrity		
1700-1799: <input type="checkbox"/> 1800-1859: <input checked="" type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>	Period		
Bibliography and further notes on Reverse			
Surveyed by: <i>BH</i> Date: <i>8/13/86</i>			



IL 422-0465



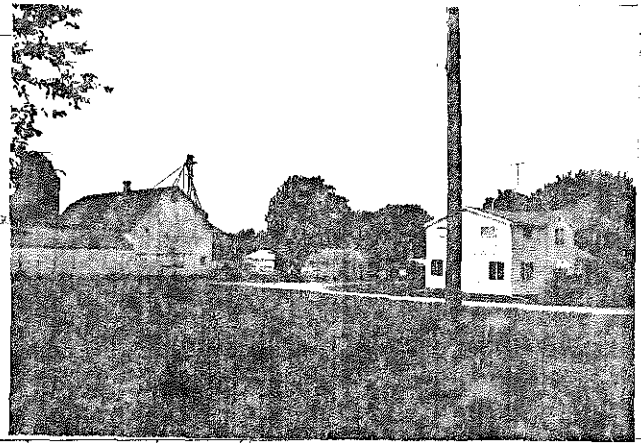
**ILLINOIS RURAL SURVEY**

County: McH      Site #: 2496      Town: McHenry  
 W: NE      Sec: 4      TWP: 44N      Range: 8E  
 Street: Crystal Lake Rd.      Street View:

Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Cobs: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Home:   
 Sheds, 1-3:  2+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 77      Pres. Funct.: Residence      Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: 11012      or: \_\_\_\_\_      Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Cladd:  Weathered:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vg Atr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse: \_\_\_\_\_  
 Surveyed by: BH      Date: 8/13/86

#1 BUILDING 2w      FRAME# 77      Pres. Funct.: Barn      Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: 2105      or: \_\_\_\_\_      Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Cladd:  Weathered:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vg Atr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

County: McH      Site #: 2497      Town: McHenry  
 W: NE      Sec: 4      TWP: 44N      Range: 8E  
 Street: Crystal Lake Rd.      Street View:

Industrial/Commercial Complex w/3 or more Bldgs.:

**FARMSTEAD**

House:  2 Houses:  1 Major Barn:  2 My Barns:  3 My Barns:  Corn Cobs: 1:  2:  3+:   
 Garage:  Mach. Shed:  Grainery:  Smokehouse:  Summer Kitchen:  Silo:  Windmill:   
 Grain Bin:  Pump House:  Hog Houses:  Chicken Coop:  Outhouse:  Mobile Home:   
 Sheds, 1-3:  2+:  Metal Bldgs:  Comments: \_\_\_\_\_



FRAME# 78      Pres. Funct.: Residence      Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: 11014      or: \_\_\_\_\_      Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Cladd:  Weathered:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:  Unfinished  
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vg Atr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 Bibliography and further notes on Reverse: \_\_\_\_\_  
 Surveyed by: BH      Date: 8/13/86

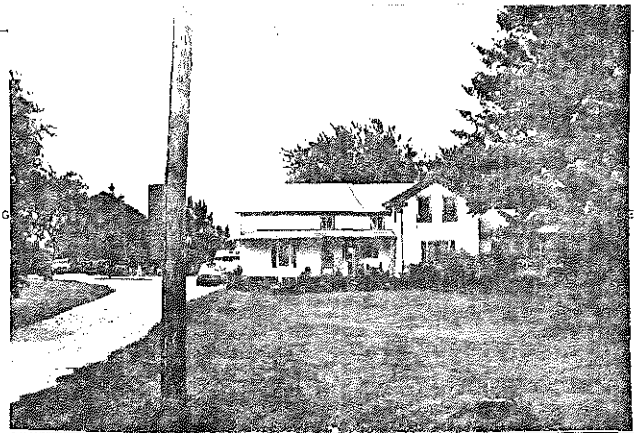
#1 BUILDING 2w      FRAME# 78      Pres. Funct.: Barn      Same?

Residence:  Outbuilding:  Public:  Commercial:  Barn:  Industrial:  Structural:  Religious:   
 Deteriorated:  Abandoned:  Lrg:  Md:  Sm:   
 Building TYPE: 2105      or: \_\_\_\_\_      Stories: 1:  1-1/2:  2:  2+:   
 Frame:  Masonry:  Pole:  Log:  Other: \_\_\_\_\_  
 Cladd:  Weathered:  Vert:  Wd. Shngl:  Brck:   
 Stone:  Block:  Metal:  Asbestos:  Vinyl:  Tar Ppr:   
 Brick:  Stone:  Block:  Poured or Stucco:  Tile:   
 Gable:  Hipped:  Flat:  Mansard:  Other: \_\_\_\_\_  
 Asphalt Shngl:  Metal:  Wood Shngl:  Other: \_\_\_\_\_  
 Good:  Fair:  Atr:  Vg Atr:  Add. Major:  Minor:   
 1700-1799:  1800-1859:  1860-1910:  1910-1945:   
 BUILDING 3: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_  
 BUILDING 4: \_\_\_\_\_ or \_\_\_\_\_ Note: \_\_\_\_\_

IL 422-0465

**ILLINOIS RURAL SURVEY**

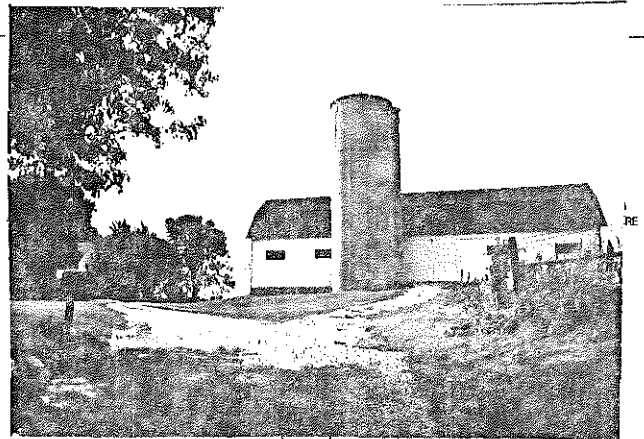
County: <u>McH</u>	Site #: <u>2498</u>	Town: <u>McHenry</u>
V: <u>NW</u>	Sec: <u>3</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Crytal Lake Rd.</u>		Street View: <input type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input type="checkbox"/> 2 My Barns: <input checked="" type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Crainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Sto: <input type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bns: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1, 2, 3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>24</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	FRAME# <u>24</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	FRAME# <u>24</u> Pres. Funct.: <u>Barn</u> Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>
<u>11/16</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	<u>205</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material	Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input checked="" type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brck: <input checked="" type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brck: <input type="checkbox"/> Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input checked="" type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input checked="" type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>
Bibliography and further notes on Reverse	BUILDING 4	
Surveyed by: <u>BAT</u> Date: <u>8/13/84</u>		



B. 422-6465

**ILLINOIS RURAL SURVEY**

County: <u>McH</u>	Site #: <u>2499</u>	Town: <u>McHenry</u>
V: <u>SE</u>	Sec: <u>4</u>	TWP: <u>44N</u> Range: <u>8E</u>
Street: <u>Bull Valley Rd.</u>		Street View: <input checked="" type="checkbox"/>
Industrial/Commercial Complex w/3 or more Bldgs.: <input type="checkbox"/>		
<p align="center">FARMSTEAD <input checked="" type="checkbox"/></p> House: <input checked="" type="checkbox"/> 2 Houses: <input type="checkbox"/> 1 Major Barn: <input checked="" type="checkbox"/> 2 My Barns: <input type="checkbox"/> 3 My Barns: <input type="checkbox"/> Corn Crib, 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3+: <input type="checkbox"/> Garage: <input type="checkbox"/> Mach. Shed: <input type="checkbox"/> Crainery: <input type="checkbox"/> Smokehouse: <input type="checkbox"/> Summer Kitchen: <input type="checkbox"/> Sto: <input checked="" type="checkbox"/> Windmill: <input type="checkbox"/> Grain Bns: <input type="checkbox"/> Pump House: <input type="checkbox"/> Hog Houses: <input type="checkbox"/> Chicken Coop: <input type="checkbox"/> Outhouse: <input type="checkbox"/> Mobile Homes: <input type="checkbox"/> Sheds, 1, 2, 3: <input checked="" type="checkbox"/> 3+: <input type="checkbox"/> Metal Bldgs: <input type="checkbox"/> Comments: _____		
FRAME# <u>25</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	FRAME# <u>25</u> Pres. Funct.: <u>Residence</u> Same? <input checked="" type="checkbox"/>	FRAME# <u>25</u> Pres. Funct.: <u>Barn</u> Same? <input checked="" type="checkbox"/>
Residence: <input checked="" type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>	Original Function	Residence: <input type="checkbox"/> Outbuilding: <input type="checkbox"/> Public: <input type="checkbox"/> Commercial: <input type="checkbox"/> Barn: <input checked="" type="checkbox"/> Industrial: <input type="checkbox"/> Structural: <input type="checkbox"/> Religious: <input type="checkbox"/>
Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>	Condition/Use/Size	Deteriorated: <input type="checkbox"/> Abandoned: <input type="checkbox"/> Lrg <input type="checkbox"/> Md <input checked="" type="checkbox"/> Sm <input type="checkbox"/>
<u>11/8</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input checked="" type="checkbox"/> 2+: <input type="checkbox"/>	Building TYPE	<u>205</u> or _____ Stories, 1: <input type="checkbox"/> 1-1/2: <input type="checkbox"/> 2: <input type="checkbox"/> 2+: <input type="checkbox"/>
Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____	Structure	Frame: <input checked="" type="checkbox"/> Masonry: <input type="checkbox"/> Pole: <input type="checkbox"/> Log: <input type="checkbox"/> Other: _____
Cipd: <input checked="" type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>	Siding material	Cipd: <input type="checkbox"/> Weatherbd: <input type="checkbox"/> Vert: <input checked="" type="checkbox"/> Wd Shngl: <input type="checkbox"/> Brck: <input type="checkbox"/>
Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>	Foundation	Stone: <input type="checkbox"/> Block: <input type="checkbox"/> Metal: <input type="checkbox"/> Asbestos: <input type="checkbox"/> Vinyl: <input type="checkbox"/> Tar Ppr: <input type="checkbox"/>
Brck: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>	Roof	Brck: <input type="checkbox"/> Stone: <input checked="" type="checkbox"/> Block: <input type="checkbox"/> Poured or Stucco: <input type="checkbox"/> Tile: <input type="checkbox"/>
Gable: <input checked="" type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____	Roof Material	Gable: <input checked="" type="checkbox"/> Hipod: <input type="checkbox"/> Flat: <input type="checkbox"/> Mansard: <input type="checkbox"/> Other: _____
Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____	Integrity	Asphalt Shngl: <input checked="" type="checkbox"/> Metal: <input type="checkbox"/> Wood Shngl: <input type="checkbox"/> Other: _____
Good: <input type="checkbox"/> Fair: <input checked="" type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add, Major: <input checked="" type="checkbox"/> Minor: <input type="checkbox"/>	Period	Good: <input checked="" type="checkbox"/> Fair: <input type="checkbox"/> Atr: <input type="checkbox"/> Vy Atr: <input type="checkbox"/> Add, Major: <input type="checkbox"/> Minor: <input type="checkbox"/>
1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input checked="" type="checkbox"/> 1910-1945: <input type="checkbox"/>	BUILDING 3	1700-1799: <input type="checkbox"/> 1800-1859: <input type="checkbox"/> 1860-1910: <input type="checkbox"/> 1910-1945: <input checked="" type="checkbox"/>
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B. 422-6465