

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

Type of Memorial (check all applicable)

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

Affiliation

GAR MOLLUS SUVCW WRC ASUVCW
 LGAR DUVCW Other

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

Original Dedication Date UNKNOWN Please consult any/all newspaper archives for a local paper's article that would have information on the first dedication ceremony and/or other facts on the memorial. Please submit a copy of your findings with full identification of the paper & date of publication. Thank you.

Location

The Memorial is currently located at:
Street/Road address or site location BETWEEN W. KEEGAN ST. AND DEERFIELD RD.
BEHIND DEERFIELD PUBLIC SCH. GPS Coordinates _____
City/Village &/or Township DEERFIELD
County LENAWEE State MICHIGAN Zip Code _____

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name DEERFIELD TOWNSHIP
Dept./Div. _____
Street Address 392 E. RIVER ST.
City DEERFIELD State MICH. Zip Code 49238
Contact Person RON COUSINO, SUPV. Telephone (517) 447-3295 ext _____

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

For Monuments with/without sculpture:

Physical Details

Material of Monument or base under a Sculpture or Cannon = Stone Concrete Metal Other
If known, name specific material (color of granite, marble, etc.) _____

Material of the Sculpture Stone Concrete Metal Other Is it hollow or solid? _____
If known, name specific material (color of granite, marble, etc.) _____

For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = BRONZE

For Cannons with/without monument:

Material of Cannon = Bronze Iron Type of Cannon (if known) _____ Rifled YES NO

Markings: Muzzle _____ Base Ring/Breech _____
 Left Trunion _____ Right Trunion _____

Is inert ammunition a part of the Memorial? Yes No

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

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

What best describes the memorial

Materials of the Memorial CONCRETE PILLAR W/ ATTACHED BRONZE PLAQUE.

Complete for All Memorials

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

_____ Height _____ Width _____ Depth or _____ Diameter

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue (service, pose, etc) and attach to this form. Please describe the "pose" of each statue and any weapons/implements involved (in case your photos become separated from this form). Thank you!

Markings/Inscriptions (on stone-work / metal-work of monument, base, sculpture)

Maker or Fabricator mark / name? If so, give name & location found

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

"SACRED TO THE MEMORY OF THE UNKNOWN
 DEAD OF ALL WARS"

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)

Type of Location

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

General Vicinity

- Rural (low population, open land) ___ Suburban (residential, near city) ___ Town ___ Urban / Metropolitan

Immediate Locale (check as many as may apply)

- Industrial ___ Commercial Street/Roadside within 20 feet ___ Tree Covered (overhanging branches)
- Protected from the elements (canopy or enclosure, indoors) ___ Protected from the public (fence or other barrier)

Any other significant environmental factor _____

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

Supplemental Background Information

In addition to your on-site survey, any additional information you can provide on the described Memorial will be welcomed. Please label each account with its source (author, title, publisher, date, pages). Topics include any reference to the points listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment.

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

Thank you.

Inspector Identification _____ Date of On-site Survey SEPT 2016

Your Name GREG SEBRING

Address 605 PEQUOT WAY

City TECUMSEH State MI Zip Code 49286

Telephone [REDACTED]

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

S.U.V.C.W. DEPT OF MICHIGAN, NASH-HODGES CAMP #43

Please send this completed form to:

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



Thank you for your help, and attention to detail.

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

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

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

Condition Information

Structural Condition (check as many as may apply)

The following section applies to Monuments with Sculpture, and Monuments without Sculpture including the base for Monuments with Cannon. Instability in the sculpture and its base can be detected by a number of factors. Indicators may be obvious or subtle. Visually examine the sculpture and its base.

If hollow, is the internal support unstable/exposed? (Look for signs of exterior rust)

Any evidence of structural instability? (Look for cracked joints, missing mortar or caulking or plant growth)

Any broken or missing parts? (Look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)

Any cracks, splits, breaks or holes? (Also look for signs of uneven stress & weakness in the material)

Sculpture Base

} NO }

Surface Appearance (check as many as may apply)

- Black crusting
White crusting
Etched, pitted, or otherwise corroded (on metal)
Metallic staining (run-off from copper, iron, etc.)
Organic growth (moss, algae, lichen or vines)
Chalky or powdery stone
Granular eroding of stone
Spalling of stone (surface splitting off)
Droppings (bird, animal, insect remains)
Other (e.g., spray paint graffiti) - Please describe...

Sculpture Base

Does water collect in recessed areas of the Memorial? ___ Yes ___ X No ___ Unable to tell

Surface Coating

Does there appear to be a coating? ___ Yes ___ X No ___ Unable to determine

If known, identify type of coating.

___ Gilded ___ Painted ___ Varnished ___ Waxed ___ Unable to determine

Is the coating in good condition? ___ Yes ___ No ___ Unable to determine

Basic Surface Condition Assessment (check one)

In your opinion, what is the general appearance or condition of the Memorial?

___ X Well maintained ___ Would benefit from treatment ___ In urgent need of treatment ___ Unable to determine

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

Inspector's Name Gregory M. Sebring

Date 9/16/2016