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

Type of Mem	orial (check al	ll applicable)					
X Monument _	with Sculpture	without Sculpture	with Canno	on standalone Cannon			
Historical Ma	rkerPlaque	Other ( flag pole, C	S.A.R. buildings,	on standalone Cannon stained glass windows, etc.)			
Affiliation							
	MOLLUS	SUVCW	WRC	ASUVCW			
LGAR	MOLLUS DUVCW	Other					
If known, record name	e and number of post, o	camp, corps, auxiliary, tent, c	ircle or appropriate i	nformation of other groups:			
Original Dedicat	ion Date	Please	consult any/all news	spaper archives for a local paper's article ial. Please submit a copy of your findings			
			facts on the memor	ial. Please submit a copy of your findings			
with full identification	of the paper & date of p	oublication. Frank you.					
Location				`			
The Memorial is	currently located	at: I(C = 1)	110121616	ALICALUE AT			
Street/Road add	lress or site locati	ion 03 12 (1	ILCHIOAN I	TVENUS IT			
ISUKTON	1 ST	at: US-12 (A	oordinates				
City/Village &/or	Township CLIN	JTON		Zip Code 49236			
County LEN	AWEE	State	MICHIGA	Zip Code 49236			
The front of the	Memorial faces:	North X South _	East W	/est			
1110 110/11 01 11/0							
Government R	ody Agency or	Individual Owner					
Nome VIII	AGE OF CL						
		1101019					
Dept./Div.	222 5 14.	511161 1 115	***				
Street Address	322 E MI	ICHIGAN AVE.	11 11				
City CLINT	<u>DN</u>	State	WICH JEWN	Zip Code 49236 5-4511 ext			
Contact Person		Telepho	one ( <i>51</i> 7) <u>456</u>	5-4511 ext			
Is Memorial on t	the National Regis	ster of Historic Places	Yes <u></u> X_N	lo ID			
	•			- · · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·					
		14					
	s with/without so	cuipture:					
<b>Physical Detail</b>	S		/ 🗸	,			
Material of Monument or base under a Sculpture or Cannon = Stone Concrete Metal Other  If known, name specific material (color of granite, marble, etc.)							
If known, name spe	ecific material (color o	of granite, marble, etc.)					
hassistan on o	1-4 \ \ Ot==	Vonent VIII	-1 Oth (	i4 h = H = = = = = 1 i d Q			
Material of the Scu	iptureStone_	Concrete Met	alOther is	it hollow or solid?			
ii known, name spe	some material (color t	or granite, marble, etc.)	<del> </del>				
>This form may be p	photocopied.	©2007-2	015 Sons of Union	Veterans of the Civil War, a Corporation			

For Historic Marker or Plaque:  Material of Plaque or Historical Marker / Tablet = BRON ZE						
Material of Cannon = Bronze Iron Type of Cannon (if Known)  Rifled YES No						
Markings: Muzzle  Left Trunion  Is inert ammunition a part of the Memorial?  Right Trunion  Ne						
[For camp/department monuments officer's use: Cannon on list of known ordnance] YesNo						
For Other Memorials: (flag pole, G.A.R. buildings, stained glass windows, etc.)  What best describes the memorial  WALK WAY  Materials of the Memorial						
Complete for All Memorials Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points						
HeightWidthDepth orDiameter						
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.						
SEE PHOTOS						

Environmental Setting (The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)
Type of Location  Cemetery School Traffic Circle  Park Plaza/Courtyard Town Square" Courthouse Courthouse College Campus Other:
General Vicinity Rural (low population, open land) Suburban (residential, near city) X_Town Urban / Metropolitan
Immediate Locale (check as many as may apply) IndustrialCommercialStreet/Roadside within 20 feetTree 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 FEQUOT WAY
City TECUMSELA State MT Zip Code 49286
Are you a member of the Allied Orders of the G.A.R.? If so, which one?  S.U.V.C.W. DEPT OF MICH. NASH GODGET CAM  # 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 <u>Monuments with Sculpture</u>, and <u>Monuments without Sculpture</u> including the base for <u>Monuments with Cannon</u>. Instability in the sculpture and its base can be detected by a number of factors. Indicators may be obvious or subtle. Visually examine the sculpture and its base.

	Sculpture	Base					
If hollow, is the internal support unstable/exposed?		/					
(Look for signs of exterior rust)							
Any evidence of structural instability?	/	_ {NO} _					
(Look for cracked joints, missing mortar or caulking or plant growth)	( )						
Any broken or missing parts?	> 10						
(Look for elements (i.e., sword, musket, hands, arms, etc missing due to vandalism, fluctuating weather conditions, etc.)							
Any cracks, splits, breaks or holes?	)						
(Also look for signs of uneven stress & weakness in the material)							
Surface Appearance (check as many as may apply)							
carried supportation (originally do may apply)	Sculpture	Base					
Black crusting		- <del></del>					
White crusting							
Etched, pitted, or otherwise corroded (on metal)		<del></del>					
Metallic staining (run-off from copper, iron, etc.)	<del></del>	<del></del>					
Organic growth (moss, algae, lichen or vines)							
Chalky or powdery stone		<del></del>					
Granular eroding of stone		<del></del>					
Spalling of stone (surface splitting off)	<del></del>						
Droppings (bird, animal, insect remains)							
Other (e.g., spray paint graffiti) - Please describe							
		······································					
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Does water collect in recessed areas of the Memorial?Yes	X No. Unable to tell						
Dodd Water believe in 1000000 a.o.c. of the Meritania.							
Surface Coating							
Does there appear to be a coating?Yes NoUnabl	la ta datamina						
If known, identify type of coating.	ie to determine						
Gilded Painted Varnished Waxed 1	Inable to determine						
Gilded Painted Varnished Waxed Is the coating in good condition? Yes No Unable to determine the coating in good condition?	mine						
is the coating in good condition: res No onable to deter	illille						
Basic Surface Condition Assessment (check one)							
In your opinion, what is the general appearance or condition of the Me	emorial?						
Well maintained Would benefit from treatment In urg	gent need of treatment Ur	able to determine					
Briefly describe the Memorial (affiliation / overall condition & any cond	ern not already touched on)						
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Inspector's Name		O					
	1 1						
ADDENDUM FORM CWM #61 This form may be photocopied. < ©200	7-2015 Sons of Union Veterans of the Ci	vil War, a Corporation.					

















