

SONS OF UNION VETERANS OF THE CIVIL WAR

DEPARTMENT OF MICHIGAN

CIVIL WAR MEMORIAL ASSESSMENT FORM

PLEASE:

- Type or print, using a ball-point pen when filling out this form. Legibility is critical.
- Do not guess at the information. An answer of, "Unknown," is more helpful.
- Include a **BLACK & WHITE** photograph of each viewable side and label it with name & direction of view.

- Thank You.

Type of Memorial

Monument *with* Sculpture Monument with *Cannon*
 Monument without Sculpture Historical Marker Plaque

Affiliation

G.A.R. (Post Name & No. _____) M.O.L.L.U.S.
 W.R.C. (Corps Name & No. _____) Other Allied Order
 SUVCW (Camp Name & No. _____) Which? _____
 DUVCW (Tent Name & No. _____) Other: _____

Dedication Date MAY 30, 1884 Please consult any/all newspaper archives for a local paper's article that would have information on the 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 N BROADWAY & ALLEN ST
City/Village UNION CITY Township _____ County CALHOUN

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in)...
Name _____ Dept./Div. _____
Street Address _____
City _____ State (if not Michigan) _____ Zip Code _____
Contact Person _____ Telephone () _____

If Memorial has been moved, please list former location(s)...

Physical Details

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

Material of the Sculpture = ___ Stone ___ Concrete ___ Metal ___ Undetermined
If known, name specific material (color of granite, marble, etc.) _____
If the Sculpture is of metal, is it solid cast or "hollow?" _____

Material of Plaque or Historical Marker / Tablet = _____

Material of Cannon = ___ Bronze Iron - Consult known Ordnance Listing to confirm
Markings on muzzle = NO. 194 1863 W.P.F. 4.2 A.M. 4215
Markings on Left Trunion 30 Pdr Right Trunion R.P.P.
Is inert ammunition a part of the Memorial? YES If so, describe 10 8" BALLS
IN PYRAMID IN FRONT OF CANNON

Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points
Monument or Base: Height 3F Width 6FT Depth 3Fe or Diameter _____
Sculpture: Height _____ Width _____ Depth _____ or Diameter _____

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

Markings/Inscriptions (on stone-work / metal-work of monument, base, sculpture)
Maker or Fabricator mark / name? If so, give name & location found _____

The "Dedication Text" is formed: ___ cut into material ___ raised up from material face

Record the text (indicate any separation if on different sides...) Please use additional sheet if necessary.

Environmental Setting

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

Type of Location

- | | | |
|---|--|--|
| <input type="checkbox"/> Cemetery | <input checked="" type="checkbox"/> Park | <input type="checkbox"/> Plaza/Courtyard |
| <input type="checkbox"/> "Town Square" | <input type="checkbox"/> Post Office | <input type="checkbox"/> School |
| <input type="checkbox"/> Municipal Building | <input type="checkbox"/> State Capitol | Other: _____ |
| <input type="checkbox"/> Courthouse | <input type="checkbox"/> College Campus | _____ |
| <input type="checkbox"/> Traffic Circle | <input type="checkbox"/> Library | _____ |

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 _____

Condition Information

Structural Condition (check as many as may apply)

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

	Sculpture	Base
If hollow, is the internal support unstable/exposed? (look for signs of exterior rust)	___	___
Any evidence of structural instability? (look for cracked joints, missing mortar or caulking or plant growth)	___	<input checked="" type="checkbox"/>
Any broken or missing parts? (look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)	___	___
Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the material)	___	___

Surface Appearance (check as many as may apply)

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

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

Surface Coating

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

If known, identify type of coating.

___ Gilded Painted ___ Varnished ___ Waxed ___ Unable to determine

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

Basic Surface Condition Assessment (check one)

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

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

Overall Description

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

Supplemental Background Information

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

Inspector Identification

Date of On-site Survey JULY 1, 2006

Your Name _____

Address _____ City _____

State (If Non-Michigan Resident) _____ Zip Code _____ Telephone () _____

Please send this completed form to:

William R. Morris
10324 W. Stanley Rd.
Flushing, MI 48433-9247

Thank you for your help, and attention to detail.

Kent Armstrong, Chair
Memorials Subcommittee - Department of Michigan