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SONS OF UNION VETERANS OF THE CIVIL WAR DEPARTMENT OF MICHIGAN CIVIL WAR MEMORIAL RECORD

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 photograph of each viewable side and label it with name & direction of view.

- Thank You.

Type of Memorial

Monument *with* Sculpture
 Monument without Sculpture

Monument with *Cannon*
 Historical Marker Plaque

Affiliation

G.A.R. (Post No. 13)
 W.R.C. (Corps No. 138)
 S.U.V.C.W. (Camp No. _____)
 D.U.V.C.W. (Tent No. _____)

M.O.L.L.U.S.
 Other Allied Order
 Which? _____
 Other: _____

Dedication Date _____ Unknown

Location

The Memorial is *currently* located at:

Street/Road address or site location LAKEVIEW CEMETERY
 City/Village HARBOR SPRINGS Township WEST TRAVERSE County EMMET

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 TIM GRIMM Dept./Div. CITY MANAGER
 Street Address 349 EAST MAIN STREET
 City HARBOR SPRINGS State (if not Michigan) MI Zip Code 49740-0678
 Contact Person TIM GRIMM Telephone (231) 526-6885

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.) MARBLE (WHITE)

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 = WHITE MARBLE

Material of Cannon = ___ Bronze ___ Iron - Consult known Ordnance Listing to confirm
Markings on muzzle = _____

Markings on Left Trunion _____ Right Trunion _____

Is inert ammunition a part of the Memorial? ___ If so, describe _____

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

Monument or Base: Height 12 FT Width 16 FT Depth 3 FT 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.

" I. B. RICHARDSON " 1861-1865

G. A. R.

POST 13 W. R. C. 138

Environmental Setting

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

Type of Location

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

General Vicinity

Rural (low population, open land)
 Town

Suburban (residential, near city)
 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 rest)	___	___
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)	___	___

Surface Appearance (check as many as may apply)

	Sculpture	Base
Black crusting	/	X
White crusting	___	___
Etched, pitted, or otherwise corroded (on metal)	___	___
Metallic staining (run-off from copper, iron, etc.)	___	___
Organic growth (moss, algae, lichen or vines)	___	X
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...		

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) .

WHITE MARBLE PLAQUE SET ON A CONCRETE AND MARBLE PILLAR.

THE STONE TOPS AN ENTRANCE INTO THE CEMETERY.

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, 1999

Your Name DOUGLAS ARMSTRONG

Address 236 E FREDERICK

City LANSING

State (If Non-Michigan Resident) MI Zip Code 48906

Telephone 

Please send completed **Civil War Memorial Record** to:

Douglas R. Armstrong
Civil War Memorials Officer
Department of Michigan - S.U.V.C.W.
236 E Frederick Ave.
Lansing, MI. 48906-3226

Thank you for your help, and attention to detail.

Kent Armstrong, Chair
Memorials Subcommittee - Department of Michigan

