



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 = BRONZE

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

~~CONCRETE~~ Monument or Base: Height 8" Width 11'4" Depth 8' or Diameter \_\_\_\_\_  
~~STONE~~ Sculpture: Height 52" Width 76" Depth 33" 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.

AUSTIN BLAIR MEMORIAL PARK, IN  
GRATEFUL MEMORY OF AUSTIN BLAIR, \*  
CITIZEN OF JACKSON, MICHIGAN, CIVIL  
WAR GOVERNOR OF MICHIGAN, CONGRESS-  
MAN, STATE LEGISLATOR, PROSECUTING  
ATTORNEY. HIS MOTTO: TO KNOW THE  
RIGHT IS TO DO IT. SPONSORED  
JOINTLY BY THE TOWN IMPROVEMENT  
SOCIETY OF JACKSON AND THE  
MICHIGAN STATE HIGHWAY  
DEPARTMENT, 1956.

**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 ( <u>ROADSIDE</u> ) | <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                             | _____                                    |

\* CORRECTION TO G.S. MAYS' C.W. MONUMENTS BOOK OF 1965 PG 36 "AND WAR GOVERNOR" IS "CIVIL WAR GOVERNOR"

**General Vicinity**

Rural (low population, open land)  
 Town

Suburban (residential, near city)  
 Urban / Metropolitan

**Immediate Locale** (check as many as may apply)

Industrial  
 Street/Roadside within 20 feet  
 Protected from the elements (canopy or enclosure, indoors)  
 Protected from the public (fence or other barrier)  
Any other significant environmental factor \_\_\_\_\_

Commercial  
 Tree Covered (overhanging branches)

**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)	___	___
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	___	___
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).

THE STONE DOES NOT REQUIRE MAINTAINANCE.  
THE BRONZE PLAQUE HAS TURNED  
COLOR TYPICAL OF THE MATERIAL.

### 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 3/20/97

Your Name GARY WOODMAN / MAX MILLER

Address 1511 KENSINGTON DR City JACKSON

State (If Non-Michigan Resident) MICH Zip Code 49203 Telephone [REDACTED]

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

