

MACON TOWNSHIP

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 MAY 30, 1892 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 MILLS MACON HWY BETWEEN HACK RD AND CLINTON-MACON RD. SEC. 4 GPS Coordinates LAT 420424N LONG 0835104W
City/Village &/or Township MACON
County LENAWEE State MICHIGAN Zip Code _____

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name MACON TOWNSHIP
Dept./Div. _____
Street Address _____
City _____ State MICHIGAN Zip Code _____
Contact Person WILLIAM GORTON Telephone (517) 423-2522 ext. _____
LARRY SANBORN 517 456-4853 _____
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.) GREY GRANITE

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:

N/A

Material of Plaque or Historical Marker / Tablet = _____

For Cannons with/without monument:

N/A

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 4 SIDED GRANITE OBELISK

Materials of the Memorial _____

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.

SEE ATTACHED PHOTO

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 MAY 2016
 Your Name GREG SEBRING
 Address 605 PEQUOT WAY
 City TECUMSEH State MI Zip Code 49286
 Telephone () _____ E-M 

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

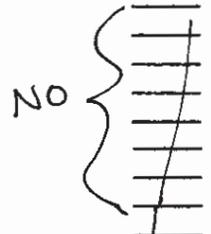
Condition Information

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.

	<u>Sculpture</u>	<u>Base</u>
If hollow, is the internal support unstable/exposed? <small>(Look for signs of exterior rust)</small>	<u>—</u>	<u>—</u>
Any evidence of structural instability? <small>(Look for cracked joints, missing mortar or caulking or plant growth)</small>	<u>NO</u>	<u>NO</u>
Any broken or missing parts? <small>(Look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)</small>	<u>NO</u>	<u>NO</u>
Any cracks, splits, breaks or holes? <small>(Also look for signs of uneven stress & weakness in the material)</small>	<u>NO</u>	<u>NO</u>

Surface Appearance (check as many as may apply)

	<u>Sculpture</u>	<u>Base</u>
Black crusting	NO { 	NO { 
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

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

Inspector's Name Gregory M. Selting Date MAY 2016



EDWARD LEWIS
BORN 1825
DIED 1865
REAR RIFLEMAN
1865
EDWARD LEWIS
BORN 1825
DIED 1865
REAR RIFLEMAN
1865
EDWARD LEWIS
BORN 1825
DIED 1865
REAR RIFLEMAN
1865
EDWARD LEWIS
BORN 1825
DIED 1865
REAR RIFLEMAN
1865

MACON HONORS THE
COUNTRY'S DEFENDERS
1861 - 1865

McCOLLUM

LESTER L. JOHNSON

1865 FEB 24

DEPT OF THE ARMY

1865 FEB 24

CHARLES BURTON

1865 FEB 24

DEPT OF THE ARMY

1865 FEB 24

SPENCER PENNINGTON

1865 FEB 24

DEPT OF THE ARMY

1865 FEB 24

JOHN A. PENNINGTON

1865 FEB 24

DEPT OF THE ARMY

WYB RATCH

3 SEP 18 MOH CA

DIED AT TOLSON SE 18 MO

1862 AE 23 YS

LEAF HUNT

3 MOH CA

DIED AT MURFREESBORO TENN

1863 AE 44 YS

RANSOM HENDERSON

3 MOH CA

DIED AT WALLS BLUFF TENN

1864 AE 26 YS

LINAE BURDETT

3 MOH CA

DIED AT TOLSON TENN

1862 AE 19 YS