

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 1915 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: SPRINGPORT CEMETERY
 Street/Road address or site location M-99 0.3 MILES SOUTH OF MAIN ST.
 City/Village SPRINGPORT Township SPRINGPORT County JACKSON

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 SPRINGPORT VILLAGE Dept./Div. —
 Street Address 121 MECHANIC ST
 City SPRINGPORT State (if not Michigan) MI Zip Code 49284
 Contact Person — Telephone (517) 857-2510

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.) _____

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?" _____

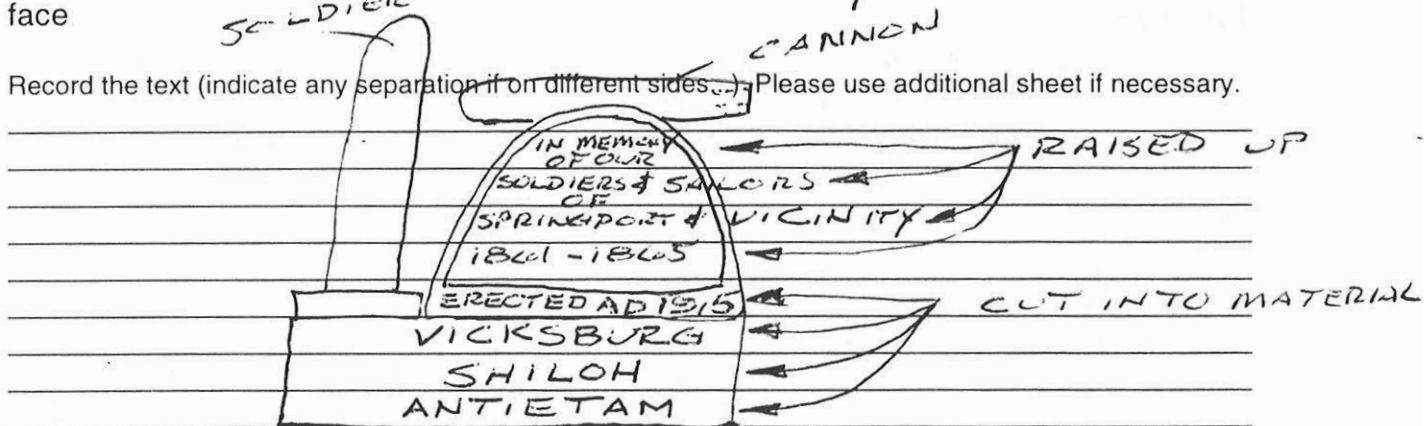
Material of Plaque or Historical Marker / Tablet = _____
 Material of Cannon Bronze ___ Iron - Consult known Ordnance Listing to confirm
 Markings on muzzle = _____
 Markings on Left Trunion _____ Right Trunion _____
 Is inert ammunition a part of the Memorial? NO If so, describe _____

Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points
 Monument or Base: Height 6'6" Width 6' Depth 4' or Diameter _____
 Sculpture: Height 7'9" 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



Environmental Setting

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

Type of Location

- Cemetery
- ___ "Town Square"
- ___ Municipal Building
- ___ Courthouse
- ___ Traffic Circle
- ___ Park
- ___ Post Office
- ___ State Capitol
- ___ College Campus
- ___ Library
- ___ Plaza/Courtyard
- ___ School
- Other: _____

General Vicinity

- Rural (low population, open land) Suburban (residential, near city)
 Town / *VILLAGE* 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) *RESIDENTIAL*
 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)	<u>NO</u>	<u>NO</u>
Any broken or missing parts? (look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)	<u>NO</u>	<u>NO</u>
Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the material)	<u>NO</u>	<u>NO</u>

Surface Appearance (check as many as may apply)

	Sculpture	Base
Black crusting	<u>NO</u>	<u>NO</u>
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) .

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 3/13/97
 Your Name GARY WOODMAN / MAX MILLER
 Address 1511 KENSINGTON DR City JACKSON
 State (If Non-Michigan Resident) MI Zip Code 49203 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



IN MEMORY
OF OUR
SOLDIERS & SAILORS
OF
SPRINGPORT & VICINITY
1861 — 1865

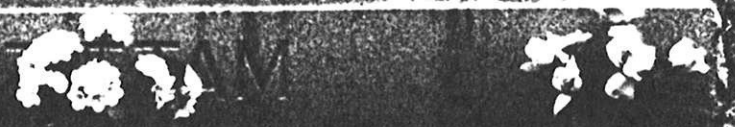
EST. 1878 - 1915

VICKSBURG

SHILOH

ANTHONY

FONKEL













CORPL.
RANSOM BALL
MICH. L.A.







IN MEMORY
OF OUR
SOLDIERS & SAILORS
OF
SPRINGPORT & VICINITY
1861 — 1865



















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