FORM CWM #61 Page 1 of 4

NATIONAL ORGANIZATION SONS OF UNION VETERANS OF THE CIVIL WAR

CIVIL WAR MEMORIAL ASSESSMENT FORM

PLEASE:

- 1. Type or print, using a ball-point pen, when filling out this form. Legibility is critical.
- 2. 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 with Cannon Monument without Sculpture Historical Marker Plaque Other (flag pole, G.A.R. buildings, stained glass windows, etc.)
Affiliation
G.A.R. (Post Name & No)M.O.L.L.U.S
SUVCW (Camp Name & No) (Please describe below) WRC (Corps Name & No)
ASUVCW (Aux Name & No)
DUVCW (Tent Name & No)
LGAR (Circle Name & No)
Other
Original Dedication Date Please consult any/all newspaper archives for a local paper's article that would have information on the <i>first</i> 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 <i>currently</i> located at: Street/Road address or site location 125 S. Clinton
City/Village Stockbridge Township County Ingham
State Michigan .
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 Stockbridge Township Dept./Div.
Street Address 125 S. Clinton City
Stockbridge State MI Zip Code 49285 Contact Person
Mary Wilson, Clerk Telephone () 517-851-9362
If the Memorial has been moved, please list former location(s).

FORM CWM #61 Page 2 of 4

Physical Details

Material of Monument or base under a Sculpture or Cannoname specific material (color of granite, marble,		
SUVCW CIVIL WAR		
Material of the Sculpture = StoneCor If known, name specific material (color of granit If the Sculpture is of metal, is it solid cast or "I	e, marble, etc.)	
Material of Plaque or Historical Marker / Table	et =	
Material of Cannon = Bronze Iron - Co Markings on muzzle = R.M.H.4.2 4210 No. 357 1864	onsult known Ordnance L	isting to confirm
Markings on Left Trunion	Right Trunion 30 PDR	
Markings on muzzle = R.M.H.4.2 4210 No. 357 1864 Markings on Left Trunion Is inert ammunition a part of the Memorial? ye in the shape of a diamond, a few feet to the west of the cannon	If so, describe six can	non balls in cement base
Approximate Dimensions (indicate unit of m Monument or Base: Height 3'5" Width 4'4" Sculpture: Height Width Dep	neasure) - taken from talle Depth <u>6'4"</u> or Di th or Diameter _	est / widest points ameter
For Memorials with multiple Sculptures, pleas for each statue and attach to this form. Please weapons/implements involved (in case your p	e describe the "pose" of e	ach statue and any
Markings/Inscriptions (on stone-work / meta Maker or Fabricator mark / name? If so, give na		se, sculpture)
The "Dedication Text" is formed: cut into	material raised up fro	om material face
Record the text (indicate any separation if on dinone	fferent sides) Please use a	additional sheet if necessary.
Environmental Setting		
(The general vicinity and immediate locale surrounding a rational Type of Location	memorial can play a major role ir	n its overall condition.)
Cemetery Town Square" Municipal Building Courthouse Traffic Circle	_ Park _ Post Office _ State Capitol _ College Campus _ Library	Plaza/Courtyard School Other:

FORM CWM #61 Page 3 of 4

General Vicinity Rural (low population, open land) Town	Suburban (residen Urban / Metropolita	
Immediate Locale (check as many as may apply) Industrial _x Commercial Street/Roadside within 20 feet Tree Covered (compressed from the elements (canopy or enclosure, incompressed from the public (fence or other barrier) Any other significant environmental factor _sign posted:	doors)	
Condition Information		
Structural Condition (check as many as may apply) The following section applies to Monuments <i>with</i> Sculpture, and including the base for Monuments with <i>Cannon</i> . Instability in the number of factors. Indicators may be obvious or subtle. Visually	sculpture and its base can	be detected by a
If hollow, is the internal support unstable/exposed?	Sculpture	Base
(Look for signs of exterior rust) Any evidence of structural instability?	no	no
(Look for cracked joints, missing mortar or caulking or plant grow Any broken or missing parts? (Look for elements (i.e., sword, musket, hands, arms, etc miss due to vandalism, fluctuating weather conditions, etc.)	owth) no	no
Any cracks, splits, breaks or holes? (Also look for signs of uneven stress & weakness in the mater	ial) no	no
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 <u>×</u> _ No Unable	to tell

FORM CWM #61 Page 4 of 4

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? x 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) . sits on the southwest corner of the property, muzzle facing to the southwest.
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 10/23/2015 Your Name James B. Pahl, PCinC Address 445 W. Maple St. City Mason State MI Zip Code 48854 Telephone (What Order or Organization is submitter a member of? Sons of Union Veterans of the Civil War
Please send this completed form to

Thank you for your help, and attention to detail. Sons of Union V

CIVIL WAR VETERANS OF THE National Civil War Memorials Committee





















