WILL COUNTY TUBERCULOSIS SANITARIUM HABS IL-1265
(Sunny Hill Sanitorium)
501 Ella Ave.
Joliet
Will County
Illinois

PHOTOGRAPHS
WRITTEN HISTORICAL AND DESCRIPTIVE DATA
FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY
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WILL COUNTY TUBERCULOSIS SANITARIUM
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HABS No. IL-1265

Location: 501 Ella Ave., Joliet, Will County, IL

Present Owner/
Occupant: Will County Board of Health

Present Use: Out-patient health clinic

Significance: The Will County Tuberculosis Sanitarium (later named Sunny Hill Sanitorium), completed in 1925 with a one-story wing addition constructed in 1932 and later non-historic additions in the late twentieth century, is locally significant as the first modern purpose-built tuberculosis sanitarium constructed in Will County. The building served as the primary treatment facility for residences of Will County, offering free out-patient and in-patient treatment for tuberculosis, from its construction in 1925 through 1969.

Historians: Lara Ramsey and Emily Ramsey, Ramsey Historic Consultants, Inc.

Project Information: This project was undertaken in compliance with the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420). This building was recorded as a stipulation of the Memorandum of Agreement between the Will County Board of Health and the Illinois State Historic Preservation Office.

PART I: HISTORICAL INFORMATION

A. Physical History:

1. Date of erection: 1925[1]

2. Architect: Unknown

[1] "Sanitarium to be Opened for Public's View," *Joliet Sunday Herald-Times*, March 22, 1925, p. 1.

3. Original and subsequent owners, occupants, and uses: Will County Board of Health

4. Builder, contractor, suppliers: Hansen-Peterson Company

5. Original plans and construction: No original plans for the building were found during research.

6. Alterations and additions: The north wing of the building was constructed in 1932 to serve as a ward for children with infantile tuberculosis. Space between the west ends of the south and center wings was infilled sometime in the late twentieth century with one- and two-story additions. In 1995, a trailer was erected just east of the building.

B. Historical Context:

Tuberculosis: "The White Plague"

Tuberculosis (TB) is a contagious, infectious disease that has plagued humans for millennia, and remains a major public health issue today. Early documentation of the disease dates back over 3,000 years in written descriptions found in India, and evidence of skeletal deformities typical of the disease were found in Egyptian mummies buried ca. 2400 BC.[2] Ancient Greek and Roman societies were familiar with the disease, which was called *phtisis* in Greek and *consumptione* in Latin; Clarissimus Galen, who served as the personal physician to Roman Emporer Marcus Aurelius in 174 AD, documented the symptoms of TB—including fever, sweating, coughing, and bloody sputum—and recommended fresh air, milk, and sea voyages as treatments.[3] In Europe in the Middle Ages, scrofula, which affects cervical lymph nodes, was described as a new form of tuberculosis. In England and France, the disease was known as the "king's evil" and was thought to be cured with the royal touch. Sufferers of tuberculosis experience fevers, dehydration, and strong bouts of coughing. They are often become emaciated, and their skin is pale, which led the disease to become colloquially known as "the great white plague."[4]

Tuberculosis is highly communicable and transmitted through droplets shed from infected persons while sneezing, coughing, or talking. The spores produced by the bacterium are large and easily spread not only through the air but from infected surfaces

[2] I. Barberis, N.L Bragazzi, L. Galluzoo, and M. Martini, "The History of Tuberculosis: From the First Historical Records to the Isolation of Koch's Bacillus," *Journal of Preventive Medicine and Hygiene*, March 2017. https://app.box.com/s/c4fglcc5bubv8bj8zi6ng1lodt7ac7e0, accessed on November 12, 2020.
[3] Ibid.
[4] Ibid.

or food. Even small amounts of the bacterium lead to infections characterized by nodular lesions known as "tubercles," which most often occur in the lungs and can burst, causing hemorrhages and a bloody cough that was a grim hallmark of the disease.[5]

Although the infectious nature of tuberculosis was recognized by some doctors and scientists throughout its early history, the unusual nature of the disease made it difficult to identify new infections and trace outbreaks to their source. Symptoms often appeared weeks or even years after initial exposure, and the disease persisted in patients for years or even decades, alternating between cycles of acute attacks and remission.[6]

The exact cause of the disease remained unknown until 1882, when German scientist and physician Robert Koch isolated the bacterium Mycobacterium tuberculosis in his Berlin laboratory. Koch's pioneering work in the study of disease-causing microorganisms—included identification not just of the bacteria that caused tuberculosis, but also the source of cholera and anthrax—would give rise to the field of microbiology and earn him a Nobel Prize in physiology in 1905. However, his findings on tuberculosis were initially considered controversial among medical professionals that believed diseases like tuberculosis were inherited. Nevertheless, Koch's research was widely publicized and influenced researchers across the world and would eventually form the basis of the sanitarium treatment for tuberculosis that effectively isolated the sick to limit the disease's spread. Without an effective cure and inoculation—which was not developed until the mid-twentieth century—the best treatment for tuberculosis through the nineteenth and early twentieth century was isolating patents in institutions. Known as sanatoriums (from the Latin *sanare*, meaning "to heal"), fresh-air tuberculosis treatment institutions were established across the United States beginning in the late nineteenth century. These sanatoriums were largely based on the system of large-scale treatment centers that had developed in Germany during the mid-nineteenth century, and "offered sufferers both ample rest and relaxation in the open air" with a "careful regiment aimed at improving hygiene and diet to keep the disease in remission."[7]

Early Organization of Tuberculosis Treatment in Will County

Medical professionals in Illinois first attempted to create an organized movement in the fight against tuberculosis in the late 1890s. The Illinois Society for the Prevention of Consumption was organized in 1898 and lobbied for several years, without success, for the establishment of a state tuberculosis sanatorium. In a speech before the Illinois State Board of Health in May 1900, Dr. Florence W. Hunt of Chicago urged the state

[5] National Register of Historic Places, Chicago Municipal Tuberculosis Sanitarium Historic District, Chicago, Cook County, Illinois, National Register #RS100003913, 30.
[6] Ibid.
[7] Ibid., 31-32.

government to establish sanitaria for those suffering from tuberculosis, warning that "even now as you know, many hospitals have closed their doors to [the tuberculosis patient] not only because they have no special equipment for the treatment of his disease …but because his presence renders the other patients liable to infection." The following year, the board officially declared tuberculosis to be an infectious disease but made no immediate plans for treatment centers.[8] In 1905, advocates and medical professionals formed the Illinois State Association for the Prevention of Tuberculosis to lobby for government funded treatment centers and coordinated educational campaigns to curb the spread of the disease. As noted in *History of the Illinois Tuberculosis Association, 1905-1967,* leaders were "often vague and uncertain as to the details of treatment and hygienic habits, but all believed that separation of the sick from the well was basic during treatment, and that the whole matter was a broad social problem" that required "the strength and resources of the government."[9]

Illinois Senator Edward J. Glackin spearheaded legislative efforts in the early 1900s to establish a system of state tuberculosis sanitoriums. When state funding provided impossible to secure, Glackin revised the bill to allow municipalities to levy taxes approved by referendum for use in the prevention and treatment of tuberculosis. The Illinois State Tuberculosis Sanatorium Law, commonly known as the "Glackin Law," was passed in 1908 and paved the way for municipalities across the state to begin building their own tuberculosis sanitoriums.[10]

Following the passage of the Glackin Law, advocates and medical professionals began organizing around tuberculosis in Will County. In 1911, the Joliet Anti-Tuberculosis Society was founded to establish a public education campaign to inform residents about the disease and work to prevent and treat cases. Central to these efforts from the beginning was the proposal for establishment of a dedicated sanatorium for Will County tuberculosis patients, but the county was initially resistant to the idea of building a sanatorium with public funds. After several failed attempts to induce the county to finance the project, the society reversed course and instead proposed to establish a sanitarium and open-air camp funded by the society with help from other local organizations. Several properties offered and considered, including a residential property on Hickory Street within the city limits for $6,000, and a farm outside the city limits, but it soon became clear that the society's fundraising efforts and partnerships with local organizations would not be sufficient to raise the necessary funds. As noted in the *Joliet*

[8] Baxter Key Richardson. *History of the Illinois Tuberculosis Association, 1905-1967*. (Illinois Tuberculosis Association, 1967), 5.
[9] Ibid., 4.
[10] Benjamin Goldberg, "A Unified Plan of Tuberculosis Control," *American Review of Tuberculosis*, vol. 19, issue 6, 1929.

Evening News on December 15, 1911, "In order to establish a hospital here, Joliet must secure a large fund. It is estimated that the sale of Christmas Red Cross stamps will net the society about $500 and that the dollar membership campaign will bring in several hundred dollars. After March the society will consider plans for raising the remainder of the amount."[11]

Despite the challenges, the society continued to move forward with plans for a dedicated tuberculosis treatment center. By January 1912, a total of seven sites had been offered for consideration, but by May the society had still not raised sufficient funds to purchase any of the properties. Frustrated by the lack of progress, members of the society again raised the issue of county cooperation. In a meeting on May 8, 1912, the society stated that it continued to believe that the sanatorium should be built outside of the city and that the county was "better able to finance such an institution." Their pleas continued to fall on deaf ears.[12]

Without funding for a large facility, in September of 1912 the Joliet Anti-Tuberculosis Society proposed a new plan, with assistance from the Joliet Associated Charities, to establish a small cottage on Higinbotham farm outside the city that could be used to house ten to twelve tuberculosis patients. An article in the *Joliet Evening Herald-News* optimistically reported that the society still hoped to do more by partnering with the Chicago Associated Charities, which had recently brought a number of children with tuberculosis to the farm from Chicago. "It is probable," the article stated, "that the Chicago Associated Charities might assist, and erect a large sanitorium instead of a cottage. If this is done the patients from Chicago will also be cared for….The plan as yet is still in embryo, but is being seriously considered."[13]

Two years later, a sanitarium had still not been established in Will County, but the society continued its efforts to find a path forward. In May 1912, the society publicized a new plan to rent a large residence on the outskirts of the city from its president, Dr. Frank D. Rich, and convert it into a sanitarium. Like the society's previous plans, this proposal never came to fruition.

However, as municipalities across the state, including Chicago, successfully passed referendums and began the process of establishing sanitariums, public pressure for a sanitarium in Will County intensified. In June 1914, Harriet Fullman, extension secretary of the Sate Society for the Prevention of Tuberculosis traveled to Joliet for a thirty-day campaign and to work with the Joliet Anti-Tuberculosis Society, reorganized as the Will

[11] "Joliet to Seek 'Plague' Camp," *The Joliet Evening Herald-News*, December 15, 1911, 1.
[12] "Claim County Should Construct Sanitarium," *Joliet Evening Herald-News*, May 8, 1912, 2.
[13] "Plan Fresh Air Camp for Joliet," *The Joliet Evening Herald-News*, September 27, 1912, 15.

County Anti-Tuberculosis Society. Fullman collected data on tuberculosis cases in the county, held numerous public meetings throughout the county and in public schools, and met with county officials to advocate for funding of a new modern county facility for the treatment of tuberculosis. "We do not want a sanitarium in or near any other county institutions," she told *The Joliet News* on June 4, 1914. "We must take care of all classes of people and therefore could not have it near the county infirmary or hospital."[14] A subsequent state law, specifically authorizing county boards to establish and maintain county tuberculosis sanitoriums by levying a county tax, was passed in 1915 and provided even more impetus for Will County to act.[15]

While the campaign for a county sanitarium continued, as a stop-gap solution for tuberculosis treatment, the county established a small facility on the grounds of the Will County Poor House, a ninety-five acre-site established in 1851 to house the poor and mentally ill. The building was constructed in 1916, designed by John H. Barnes.[16] However, from its opening, the facility was woefully inadequate for the needs of the county and did not provide the services necessary for effective treatment of tuberculosis. As noted in an October 15, 1920 article in the *Joliet Evening Herald-News*, the hospital capacity was only twenty-five, but thirty patients were being treated with an insufficient force of medical staff. Lack of funding meant that no paid physicians were on staff, and the hospital was run by a board of five volunteer doctors. The hospital contained no spaces for recreation or study, no dining room, no sunrooms, and no "proper place for exercise." Nurses rooms were housed in the same building as patients, and lack of refrigeration meant that food and milk had to be brought in by the board of directors every day.[17]

The Will County Tuberculosis Sanitarium (1925-1969)

After years of sustained effort, advocates finally succeeded in getting a referendum on the November 1920 ballot to allow a tax levy to fund construction and operation of a new tuberculosis sanitarium. The ballot succeeded, and the county began to look for a site on which to build. After several years of planning, the current site at 501 Ella Ave., on the sparsely populated southeast edge of Joliet, was selected. In July 1924, plans for the new sanitarium were approved by the county, and the new sanitarium opened to patients in mid-1925.[18]

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[14] Open Campaign for Sanitarium" The Joliet News, June 4, 1914, 2.
[15] [Illinois: Tuberculosis Sanatoriums. Counties Authorized to Establish and Maintain. Regulation of (Act June 28, 1915, Public Health Reports (1896-1970) Vol 31 No. 11 (March 17, 1916), 743-746.
[16] *American Contractor,* April 8, 1916, 4.
[17] "Lack of Funds Cripples Work at Sanitarium", *Joliet Evening Herald-News*, October 15, 1920, 13.
[18] "Will County to Build T. B. Hospital," *The Urbana Daily Courier*, July 17, 1924, 5.

The design for the new sanitarium was based on recommendation from leading tuberculosis experts to provide the necessary fresh air treatment for resident patients with separated facilities for outpatient treatments. Although the site was smaller than some other sanitaria constructed in nearby cities and towns in Illinois, the arrangement of the connected structures allowed for substantial landscaped areas around the building for recreational use. The main two-story block housed administrative offices and treatment facilities. Originally, two long rear wings with open air porches were constructed north of the main block, connected by an enclosed walkway. Each wing had lounge rooms extending from their north facades, with three window-filled open sides to facilitate air circulation. These wings accommodated up to sixty patients. Because the sanitarium was a publicly funded institution, all services were offered to patients free of charge. [19]

In 1932, a third wing was constructed at the north end of the building, identical to the two existing wings, specifically to house children with infantile tuberculosis. However, as research in tuberculosis progressed, it was discovered that children with tuberculosis could be effectively treated at home, and the third wing was given over to adult patients, for a total of ninety-eight beds.[20]

During the 1940s, renowned surgeon Doctor Willard Van Hazel was brought to the Will County sanitarium as consultant and chest surgeon. He performed the first pneumonectomy in Illinois in 1947 and developed a surgical program of treatments at the Will County sanitarium that included a range of treatments common in tuberculosis sanitaria, including thoracoplasty (which collapsed infected portions of the lung), pneumothorax (which involved collapsing infected portions of the lungs and filling sections with air or nitrogen through a needle), and phrenectomy (surgical excision of all or part of the diaphragm), all of which were used to treat the lungs of tuberculosis patients. A mobile X-ray unit purchased for the sanitarium also provided X-ray diagnosis on an out-patient basis, free of charge, to hundreds of county residents.[21] These treatments helped to dramatically decrease the mortality rate of tuberculosis in Will County and across the United States during the first half of the twentieth century.[22]

As the quality of medical treatment progressed at the Will County Tuberculosis Sanitarium, local volunteers and former patients worked to improve the lives of the sanitarium's patients during their convalescence. Although the sanitarium was funded by

[19] "History of the Sanatorium," undated manuscript (Will County Tuberculosis Sanitarium Archives).
[20] Ibid.
[21] "Sanatorium Reports Story in Its Control," 1947 newspaper clipping (Will County Tuberculosis Sanitarium Archives).
[22] Ibid.
National Register of Historic Places, Chicago Municipal Tuberculosis Sanitarium Historic District, Chicago, Cook County, Illinois, National Register #RS100003913, 40.

the county, budgets were always tight with little room to spare for recreational or educational programs for residents. In 1946, part-time nurse Mrs. C. David Barnes and a group of friends formed the Sanservis Guild, a volunteer club organized to visit patients and provide supplies and materials for recreation. A similar group of former patients, named the Comeback Launchers, joined forces with the guild on many projects. One of the first actions taken by the group was a proposal to change the name of the sanitorium to Sunny Hill Sanatorium. The new name was approved by the trustees and adopted in the 1947. Over the next decade, the Sanservis guild furnished yearly magazine subscriptions, photographic equipment and a dark room, a ceramic kiln for pottery classes, "a woodworking shop, electric sewing machines, call system for the staff of the sanatorium, lounge furnishings, occupational therapy room and a health kitchen." The guild also sponsored monthly parties, birthday celebrations, and an annual Christmas party to boost morale among patients.[23]

The development of the first anti-tuberculosis drug in 1947 was a turning point in the fight against tuberculosis. In 1943, postgraduate researcher Albert Schatz identified the microorganism *Streptomyces griseus*, which excretes a substance that Schatz called streptomycin. This substance formed the basis for new anti-tuberculosis drugs. Although the drug alone did not completely eradicate tuberculosis, combined with other drugs, therapies, and surgical treatments, the introduction of streptomycin significantly reduced the death rate at the sanitarium, and also shortened the average stay of the average patient.

By 1954, the Sunny Hill Sanitarium annual report showed the lowest death rate in the history of the sanitarium, with eleven deaths and 139 patients successfully treated under the direction of medical director Dr. Francis Prock and chief surgeon Dr. Willard Van Hazel. That same year, voters overwhelmingly approved a ballot permitting continued operation and funding of the sanitarium. [24]

In 1956, the need for extended tuberculosis care at the sanitarium had decreased to the point that public health officials began contemplating a different use for portions of the Sunny Hill Sanitarium. On April 15, 1956, the board of directors announced plans to transition the sanitorium into a new multi-purpose county health center, which would include not only tuberculosis treatment but also a convalescent home for the aged, a mental health clinic, and quarters for the health department. As Association of Commerce president James Barr told the Joliet Herald-News, "The present TB buildings should

[23] "Sanservis Guild Devotes Many Hours to Sunny Hill," undated newspaper clipping (Will County Tuberculosis Sanitarium Archives).
[24] "Death Rate Reduced at Sunny Hill," newspaper clipping dated December 30, 1954 (Will County Tuberculosis Sanitarium Archives).

make an ideal convalescent home…Good convalescent services require the proximity of a pharmacy, medical laboratory and X-ray facilities, and in the new county health center plant, these can economically be shared with other county needs….The combination of the Sanitorium, the mental health clinic and the county convalescent home combined in one county health center will permit a concentration of high technical staff to better serve all phases of the county health program."[25]

Although no longer the sole mission of the facility, the tuberculosis treatment program at Sunny Hill continued to be a vital public health service through the 1950s and 1960s. In 1957, when a wording error on the 1954 ballot threatened to overturn the continuation of funding for the sanitarium, former patients, medical officials, and prominent citizens rallied the public to vote yes in a re-vote on June 3. Former patient and president of the Comeback Launchers Club, wrote an impassioned editorial in anticipation of the vote, emphasizing the continued importance of the sanitorium's role in fighting the disease:

> We ex-patients feel that this is an important election. We know from experience what the sanatorium means for this community. Those of us who are members of the Comeback Launchers club had our health restored at the sanatorium. Many of us were not aware we had the disease until we were x-rayed at the sanatorium clinic, where our disease was discovered, and the diagnosis made. Four thousand people are x-rayed yearly in this clinic. Our club members call regularly at the sanatorium to visit patients who are still battling the disease. This is not a new tax the trustees are seeking. It is not an increase either. There was a defect in the 1954 election ballot which the courts have declared invalid. In 1954 you voters approved the sanatorium issue by a six to one majority. This was the largest majority rolled up in the state."[26]

Retired Joliet police chief Ervin Boe also spoke out publicly in support of the ballot, noting that without the free treatment offered through the sanitorium, the vast majority of patients would be forced to stay home and exposed their family and friends. "The cost of treatment for the average case of tuberculosis," Boe stated, "consisting of medical examination, X-rays, drugs, surgery when necessary, and hospitalization which provides the isolation necessary to prevent the spread of this contagious disease is approximately $15,000."[27]

The second ballot in 1957 was approved, securing the continued funding for free tuberculosis treatment in Will County. By the mid-1960s, however, the needs of the Sunny Hill nursing home were outpacing those of the sanitorium. The 1965 annual report

[25] "A. of C. Lauds County Board for Medical Center Project," *Joliet Herald-News*, April 15, 1956, A-12.
[26] "Former TB Patient Urges Voters to Vote for Sanatorium," undated newspaper clipping, c. 1957 (Will County Tuberculosis Sanitarium Archives).
[27] "Urges Approval of Sanitorium Proposal in Referendum Vote," newspaper clipping dated July 28, 1957 (Will County Tuberculosis Sanitarium Archives).

for the sanatorium reported 92 persons treated for tuberculosis, and of those, 70 were treated on an out-patient basis. The nursing home, which had received accreditation from the state and was able to receive public welfare recipients, had a long and increasing wait list. Based on the recommendations in the report, the county initiated a series of renovations to the administration building and nurses' quarters and began work to expand the number of nursing home beds to 300. The existing tuberculosis patient rooms were also remodeled with private bathrooms and modern hospital call systems, nursing stations, and other facilities. Funding for the renovations had come from the sale of the Will County Poor Farm.[28]

On August 5, 1969, the Sunny Hill Sanatorium Board of Trustees passed as resolution to "close Sunny Hill Sanatorium as an institution for in-patient tuberculosis care," with the caveat that a portion of the facilities be set aside to continue to operate as an out-patient tuberculosis clinic. On December 1, 1969, the remaining tuberculosis patients residing in the sanatorium were transferred to the Suburban County Sanatorium in nearby Hinsdale.[29]

In 1995, a trailer was erected just east of the former sanatorium and the Will County Tuberculosis Clinic was moved out of the historic building entirely.

PART II: ARCHITECTURAL INFORMATION

A. General Statement:

1. Architectural Character:

The Will County Tuberculosis Sanitarium is a modest example of an early twentieth century institutional building with restrained Classical Revival detailing. The building features minimal architectural ornamentation concentrated primarily on the south elevation of the two-story rectangular administration block, which houses the building's main entrance.

The most distinguishing feature of the building is the unusual arrangement of the angled, one-story rear infirmary wings, which were designed to provide sufficient

[28] "Sunny Hill Nursing Home Needs Beds, Say Trustees," *Joliet Herald-News*, December 9, 1965, p. 32. "Addition to County Nursing Home to be Recommended," newspaper clipping date February 9,1964 (Will County Tuberculosis Sanitarium Archives).
[29] Sunny Hill Sanatorium Resolution dated July 9, 1969 (Will County Tuberculosis Sanitarium Archives). R. F. Sondag to Mr. Michael A. Faletti, May 23, 1969 ((Will County Tuberculosis Sanitarium Archives). "Sanatorium to Close Tuberculosis Center," undated newspaper clipping (Will County Tuberculosis Sanitarium Archives).

circulation for open-air tuberculosis treatment on a relatively constrained lot. Most early-twentieth century tuberculosis sanitoriums were typically arranged with multiple buildings spread over a large, landscaped lot, designed to maximize air circulation, and provide light- and air-filled spaces for recuperating patients. The design of the Will County Tuberculosis Sanitarium allows for open spaces between the infirmary units while maintaining a smaller footprint.

2. Condition of Fabric:

The overall condition of the Will County Tuberculosis Sanitarium is good. The building has been expanded and updated several times through its history to allow for its continued use by the Will County Health Department. Exterior architectural elements and materials not removed to accommodate additions are largely intact and appear to be in good condition. Interior wall finishes, floor finishes, and trim are a combination of historic and non-historic, and also appear in good condition.

B. Description of Exterior:

Scaled elevation drawings of the building are included in the field notes.

1. Overall dimensions:

Administration Block

The administration block at the south end of the building is two-stories tall above a raised basement and roughly rectangular in plan, with a projecting square two-story entrance pavilion at the center of the south elevation, a long and shallow one-story curved bay on the east elevation, and two rectangular one-story additions extending from the north elevation and connecting the angled rear infirmary wings.

The primary south elevation is approximately 67’ wide, with the 40’ long projecting entrance pavilion at the center. The two-story east elevation is approximately 83’ long, with a 47’ long curved bay at the north end. The west elevation is approximately 83’ long. The two-story north elevation is approximately 67’ long, and the two rectangular one-story additions on the north elevation of the administration block are approximately 40’ x 56’ (west) and 26’ x 32’ (east). A non-historic one-story rectangular brick building (Family Health Services WIC) is located west of the administration building’s northwest corner and is connected to the administration building and the south wing of the infirmary by one-story infill additions.

Infirmary Block

The three identical infirmary wings north of the administration block are one-story tall above a raised basement. The wings are connected at the center by a north-south running, enclosed one-story corridor that extends from the north end of the administration block and forms the spine of the infirmary. The rectangular wings extend east-west from the center corridor and split at the east and west ends into two smaller angled rectangular end wings. For the purposes of this description, the south wing will be referred to as the first division wing, the center wing as the second division wing, and the north wing as the third division wing. The first and second division wings were constructed in 1924 and the third division wing was added in 1932. The open space between the first division and second division wings and between the first division wing and the administration block, west of the center corridor, has been infilled with non-historic additions.

The center corridor is approximately 16’ wide and extends approximately 223’ from the administration block. The three identical wings are approximately 262’ long overall (east to west ends) and approximately 35’ wide. The south angled end wings are approximately 71’ long and 35’ wide, and the north angled end wings are approximately 27’ long and 35’ wide.

2. Foundations:

Administration Block
The foundation of the administration block is limestone block, approximately 1’ tall. The projecting south entrance pavilion features a more elaborate foundation, with limestone base, brick field approximately 2’ tall, and flush limestone water table approximately 1’ tall.

Infirmary
The foundation of the infirmary is concrete with a limestone cap, which varies in height but is generally approximately 6” tall.

3. Walls:

Administration Block
The exterior walls of the administration block are wire-cut red brick laid in running bond. Window openings feature brick lintels and limestone sills.

A limestone cornice extends along the west and south elevations above the second-floor window line. Ornamental features are primarily concentrated on the

projecting south entrance pavilion. The window bays are separated by wire-cut red brick pilasters with stepped limestone bases and capitals that extend to the limestone cornice. Brick spandrel panels between the floors feature rowlock brick framing with limestone block corners, and a center diamond-shaped ornament of brick and limestone.

On the east and south elevations of the two-story administration block, the second-floor windows are visually connected by a continuous soldier course lintel of wire-cut red brick. This same detail is repeated above the windows of the one-story curved bay on the east elevation.

Infirmary
The exterior walls of the infirmary are wire-cut red brick laid in running bond. A limestone belt course runs at the bottom of the raised first floor, aligning with the windowsills.

4. Structural system, framing:

Both the administration block and infirmary are constructed with concrete structural system, including concrete wall framing and flooring framing. Roof framing on both the administration block and infirmary is wood frame.

5. Porches, stoops, balconies, bulkheads:

Administration Block
The primary south entrance is accessed by a projecting stoop that features wire-cut red brick knee walls with limestone caps, which extend from either side of the concrete steps. The steps provide access to the concrete porch, which is recessed within the wall at the center of the projecting entrance pavilion. The ceiling of the recessed porch is covered with non-historic aluminum panning. Historic photographs indicate that the doors at this entrance were originally flush with the façade and not recessed.

Infirmary
The infirmary contains multiple secondary entrances primarily accessed by concrete steps and ramps.

Three non-historic concrete ramps with painted metal railings are located on the third division wing: one on the east side of the north elevation, extending along the northwest face of the northeast end wing; one on the southwest elevation of the southeast end wing, extending southeast beyond the corner of the wing, and

one near the center on the southeast elevation of the southwest end wing, extending perpendicular from the wall.

A concrete ramp with painted metal railings runs north-south on the east wall of the center enclosed corridor between the second and third division wings. An L-shaped concrete ramp with metal pipe railings connects to a rectangular concrete stoop on the east wall of the center enclosed corridor between the first division wing and the administration block.

An L-shaped red brick and concrete ramp with metal pipe railings is located at the southwest-facing non-historic entrances between the west ends of the first and second division wings.

Two original concrete stoops with painted pipe railings are located on the north elevation of the second division wing, at the juncture of the northeast and northwest end wings.

Two metal stoops are located at the west end of the third division wing: one on the northeast side of the northwest end wing, and the second at the juncture of the northwest and southwest end wings.

6. Chimneys:

One square red-brick chimney with limestone coping is located near the north end of the roof of the two-story administration block.

7. Openings:

a. Doorways and doors:

Administration Block

The primary south entrance of the administration block is recessed within the center of the projecting entrance pavilion. The doors themselves are non-historic aluminum frame glass doors with aluminum frame sidelights and transom.

A secondary entrance is located near the north end of the west elevation. The door opening is set within a slightly projecting brick surround with brick pilasters with molded limestone capitals, a molded limestone architrave, brick frieze laid in running bond, and a limestone cornice with stepped pediment and ogee corner blocks. The door opening houses a non-historic aluminum frame glass door with sidelights.

Infirmary

The infirmary houses fourteen secondary entrances, most of which are non-historic and were added to the building after its construction. The doors themselves are primarily non—historic glass doors with aluminum framing. Most feature sidelights and transoms.

The below grade and raised first floor entrances at the west elevation of the non-historic infill between the second and third division are aluminum storefront systems with large windows and glass doors.

The two below-grade service entrances on the north elevation of the third division wing, as well as the two entrances accessed by metal stairs on the west end wings, are flat metal panel doors.

b. Windows and shutters:

Administration Block
The administration block is regularly fenestrated primarily with double-hung one-over-one painted wood sash in single openings with non-historic exterior metal storm windows. Exterior framing has been covered with metal panning. The windows on the projecting entrance pavilion on the south elevation are grouped in larger masonry openings, with three windows per opening on the south face and four openings per opening on the east and west faces. These windows are also topped with single-light wood transoms. At the first-floor openings, the transoms are obscured from the exterior by metal panels. Basement level window openings have been infilled with masonry or glass block.

Infirmary
Historic photos of the Will County Tuberculosis Sanitarium show that the south-facing elevations of the infirmary wings were originally screened porches. At some point, these porches were enclosed with non-historic vinyl siding with double-hung one-over-one painted wood windows with non-historic exterior metal storm-windows and metal panning. The remaining elevations are regularly fenestrated with double-hung one-over-one painted wood windows with non-historic exterior metal storm windows and metal exterior panning. The basement window openings are more widely spaced than the first-floor windows and are all infilled with glass block.

8. Roof:

a. Shape, covering:

Administration Block
The roof of the two-story administration block is flat with brick parapets and limestone copings. The roofs are covered with bitumen roofing material.

Infirmary
The rear infirmary wings feature hipped roofs covered with asphalt shingles.

b. Cornice, eaves:

Administration Block
The three-part cornice on the west and south elevations features a flat limestone entablature and molded projecting limestone cornice below the brick parapet. The parapet is topped with a limestone coping. A non-historic metal gutter extends along the lower north parapet.

Infirmary
The hipped roofs on the infirmary all feature overhanging eaves clad in non-historic vinyl panning. Gutters throughout the infirmary are non-historic metal gutters with metal downspouts.

C. Description of Interior:

1. Floor plans:

Administration Block
The administration block consists of a basement and two upper floors.

Basement
The basement contains a central double-loaded corridor running north-south, with small offices along each side. A flight of terrazzo steps leads from the secondary west entrance to the corridor near the northwest end of the basement. The large room under the curved bay at the northeast corner of the basement is an unfinished mechanical room at a slightly lower grade, accessed by a short flight of concrete steps with pipe railings.

First Floor
The first floor features a central double-loaded corridor running north-south, with offices and exam rooms east and west of the corridor. At the south end of the corridor is a small entrance vestibule that leads to the main south entrance. At the north end of the corridor, a single door leads to the enclosed main north-south

corridor of the infirmary. The main stair in the administrative block is located on the east wall of the corridor and is open to the corridor. A small passenger elevator is located just north of the main stair. Opposite the elevator, a door on the west wall of the corridor leads to the secondary stair at the west entrance to the administration block.

Second Floor
The second floor is accessed by a pair of non-historic doors at the top of the main stair landing. A wide center corridor extends south from the landing and connects to narrower double-loaded corridors that form a reverse C-shape around the center corridor and stair/elevator core. Offices and exam rooms are arranged along the perimeter on all elevations.

Infirmary
The infirmary is a single story constructed on a partial raised basement level.

Basement
The basement level on the east side of first division wing features a double-loaded corridor with small rooms on each side.

Under the infill addition between the first and second division wings west of the main north-south corridor is a full basement that houses a large community room.

The basement level on the east side of third division wing houses storage and mechanical spaces.

First Floor
On the first floor, the central enclosed north-south corridor provides access to the three division wings. All division wings feature central double-loaded corridors that give access to small offices and exam rooms that line the north and south perimeter walls. The corridor angles at the east and west ends to follow the southeast and southwest end wings at each division wing. Interior stairs are located at the east end of the southeast end wings in the first and second division wings. A third stair is located north of the corridor and just west of the northeast end wing in the third division wing.

The non-historic infill addition between the first and second division wings west of the main corridor features small, enclosed offices and exam rooms arranged around a double-loaded corridor that is roughly square in plan. An enclosed stair is located at the northeast corner of the infill addition.

The non-historic addition south of the first division wing and west of the main corridor fills the space between the first division wing and the administration

block. The addition is divided into two large spaces, one roughly T-shaped space at the east side and a rectangular space to the west with several smaller enclosed offices at its west end. An angled corridor connects the northeast end of this rectangular room with the corridor at the west end of the southwest end wing of the first division.

2. Stairways:

Administration Block
The main open stair near the center of the administration block is a wood switchback stair with painted wood risers and treads. The steps are covered with non-historic metal tread covers. The bottom step of the stair is rounded and extends farther west than the remaining treads. The bottom square newel post of the painted wood balustrade is set on this rounded step; this newel post features a chamfered base, recessed panels on each side and a square newel cap with molded trim. Square balusters support a molded handrail. Non-historic painted wood panels have been added to the outside face of the balustrade. The square newel posts at the intermediate and second floor landing are simpler than the first-floor newel post, with just a square newel cap with molded trim. The landings are covered with non-historic vinyl tile.

The secondary stair at the west entrance is switchback stair that extends from the basement to the second floor of the administration block. The stair features painted metal stringers and risers and terrazzo landings. The treads are terrazzo with metal tread covers. At the basement level, the stairs are enclosed with solid walls with simple wall-mounted wood handrails. On the first and second floors, the stairs feature balustrades with square painted metal newel posts, square painted metal balusters, and painted wood handrails.

Infirmary
The third division wing stair is a switchback stair that connects the basement and raised first floor. The stair features painted metal stringers, metal treads and metal steps and landings covered in vinyl tile. The balustrades are solid and clad in painted drywall or plaster and topped by stained wooden handrails. Additional wall-mounted, round, stained wood handrails are attached to the balustrade and the perimeter walls of the stair enclosure with metal brackets.

The second division stair is a straight run enclosed stair that connects the at-grade entrance on the southeast end wing to the corridor on the raised first floor. The stairs are enclosed with solid painted plaster walls. Round stained wood handrails

are mounted to the walls with metal brackets. The stair features metal risers and steps clad in vinyl and rubber flooring.

The first division stair at the end of the southeast end wing is an enclosed quarter-turn stair with solid painted plaster walls and round stained wood handrails mounted to the walls with metal brackets. The stair features metal risers, steps, and landings clad in vinyl and rubber flooring.

The stair at the northeast corner of the infill addition between the first and second division wings is a switchback stair with metal stringers, steps, and landings. The landings are covered in vinyl tile and the steps are covered with textured rubber tile. The stair features a simple painted metal rail balustrade and wall-mounted painted metal pipe handrails.

3. Flooring:

Administration Block

Basement
The flooring in the corridor and offices in the basement of the administration building is beige non-historic vinyl tile. In the lower mechanical room at the northeast end of the basement, the flooring is painted concrete.

First Floor
The flooring in the central corridor and south entrance vestibule on the first floor is original beige terrazzo with an integral poured base. North of the stair and wide cased opening, the corridor flooring transitions to a different original terrazzo, which features a beige field with darker flecks and a gray terrazzo border with integral poured base. The flooring in the west second stair is also original terrazzo identical to the flooring at the north end of the corridor.

Outside of the corridor, the offices on the first floor of the administration block, including the two one-story rectangular rear additions, all feature non-historic gray carpeting and vinyl wall base.

Second Floor
The entire second floor of the administration block is covered with non-historic gray carpeting and vinyl wall base.

Infirmary

Basement

The basement spaces under the infirmary wings feature concrete flooring, covered in some areas with vinyl tile. The community room under the infill addition between the first and second division wings west of the main north south corridor features non-historic vinyl wood-look flooring.

First Floor
The flooring throughout the first floor of the infirmary and within the non-historic additions west of the main north-south corridor is non-historic vinyl tile with vinyl base.

4. Walls and ceiling finish:

Administration Block

Basement
The walls in the finished spaces of the basement in the administration block are primarily flat plaster and drywall, painted white, with no decorative trim or details. Along the main corridor, the west wall features non-historic stained wood wainscoting, and there are stained wood and glass office partitions and doors along the east wall. The ceilings throughout these spaces are dropped acoustical tile ceilings in a metal grid. The walls and ceilings of the mechanical room in the northeast corner are of painted masonry.

First Floor
The walls along the south end of the first-floor corridor and south entrance vestibule in the administration block are plaster and drywall with a non-historic textured finish painted light green. The ceiling in the south entrance vestibule is a non-historic dropped acoustical tile ceiling in a metal grid. The ceiling in the corridor south of the large, cased opening is textured drywall matching the walls. A non-historic drywall mechanical soffit extends along the west side of the corridor opposite the stair.

Walls throughout the remainder of the first-floor spaces in the administration block are flat plaster or drywall, painted off-white. Ceilings throughout are dropped acoustical tile ceilings in a metal grid.

Second Floor
The walls throughout the second floor of the administration block are flat plaster or drywall, painted off-white, with no historic decorative features or trim. Ceilings throughout the second-floor spaces are flat plaster or drywall, painted off-white, with no historic decorative features or trim.

Infirmary

Basement
In the utilitarian basement section under the east side of the third division wing, the corridor and adjacent finished spaces feature plaster walls with no historic decorative features or trim.

In the basement section under the east side of the first division wing, walls in the corridor and the spaces off the corridor are flat plaster with non-historic vinyl wallcovering along the lower half of the walls. Ceilings throughout these spaces are flat plaster with non-historic decorative features or trim.

The walls in the basement community room, under the infill addition between the first and second division wings west of the main north-south corridor, are drywall painted white with no historic decorative features or trim. The ceilings throughout are dropped acoustical panel ceilings in a metal grid.

First Floor
The main north-south corridor at the center of the infirmary features flat plaster or drywall walls, painted off-white, with no historic decorative features or trim. Ceilings throughout this corridor are 1'x1' textured white acoustical tiles.

The double-loaded corridors that run east-west through the three division wings feature the same finishes, with flat plaster walls, painted off-white, with no historic decorative features or trim. Ceilings throughout these secondary corridors are 1'x1' textured white acoustical tiles.

Office spaces off the corridors in the three division wings all feature flat plaster or drywall walls with no historic decorative features or trim. Ceilings throughout these spaces are 1'x1' textured white acoustical tiles.

Within the infill addition between the first and second division wings, west of the main corridor, walls throughout the corridors and offices are drywall painted off-white, with no historic decoration or trim. Ceilings throughout these spaces are textured white acoustical tiles.

Within the addition south of the first division wing, west of the main corridor, walls throughout are drywall painted off-white, with no historic decoration or trim. The angled corridor connecting this addition with the southwest end wing of the first division has walls of concrete block, painted white. Ceilings throughout this addition are white acoustical tiles.

5. Openings:

a. Doorways and doors:

Administration Block

Basement
The interior doors in the basement of the administration block are primarily non-historic stained wood doors in non-historic stained wood frames. One historic door remains at the original elevator at the north end of the corridor. This door is a painted wood door with two lower panels and three vertical wire glass upper panels.

First Floor
The interior doors on the first floor are primarily non-historic stained wood doors (some with glass panels and/or sidelights) in non-historic stained wood frames. No historic doors remain on this floor. The interior doors at the main south entrance vestibule are non-historic aluminum frame glass double doors with a single transom.

Second Floor
The interior doors on the second floor are primarily non-historic stained wood doors (some with glass panels and/or sidelights) in non-historic stained wood frames. No historic doors remain on this floor.

Infirmary

Basement
The interior doors in the basement levels under the division wings are primarily non-historic stained wood doors (some with glass panels and/or sidelights) in non-historic stained wood frames. No historic doors remain on this floor.

First Floor
The interior doors on the first floor of the infirmary are primarily non-historic stained wood doors (some with glass panels and/or sidelights) in non-historic stained wood frames. No historic doors remain on this floor.

b. Windows:

Administration Block
No historic window casings remain in the administration block. Window openings feature either plaster/drywall returns or non-historic stained wood trim.

Infirmary

No historic window casings remain in the administration block. Window openings feature either plaster/drywall returns or non-historic stained wood trim.

6. Decorative features and trim:

Administration Block
No notable historic decorative features or trim remain in the administration block outside of the main stair.

Infirmary
No notable historic decorative features or trim remain in the infirmary.

7. Hardware:

Administration Block
No original hardware remains in the administration block.

Infirmary
No original hardware remains in the administration block.

8. Mechanical equipment:

a. Heating, air condition, ventilation:

Administration Block
The administration block originally contained a boiler and radiators for heating. A few radiators and later baseboard radiators remain in offices, but the present system is a modern HVAC system with ducts to distribute heating and air conditioning.

Infirmary
The infirmary originally contained a boiler and radiators for heating, but the present system is a modern HVAC system with ducts to distribute heating and air conditioning.

b. Lighting

Administration Block
No historic light fixtures remain in the administration block. All lighting is either surface mounted fluorescent fixtures or inlaid fluorescent fixtures in the areas that have dropped acoustical tile ceilings.

Infirmary

No historic light fixtures remain in the infirmary. All lighting is either surface mounted fluorescent fixtures or inlaid fluorescent fixtures in the areas that have dropped acoustical tile ceilings.

Part III: SOURCES OF INFORMATION

A. Selected Sources

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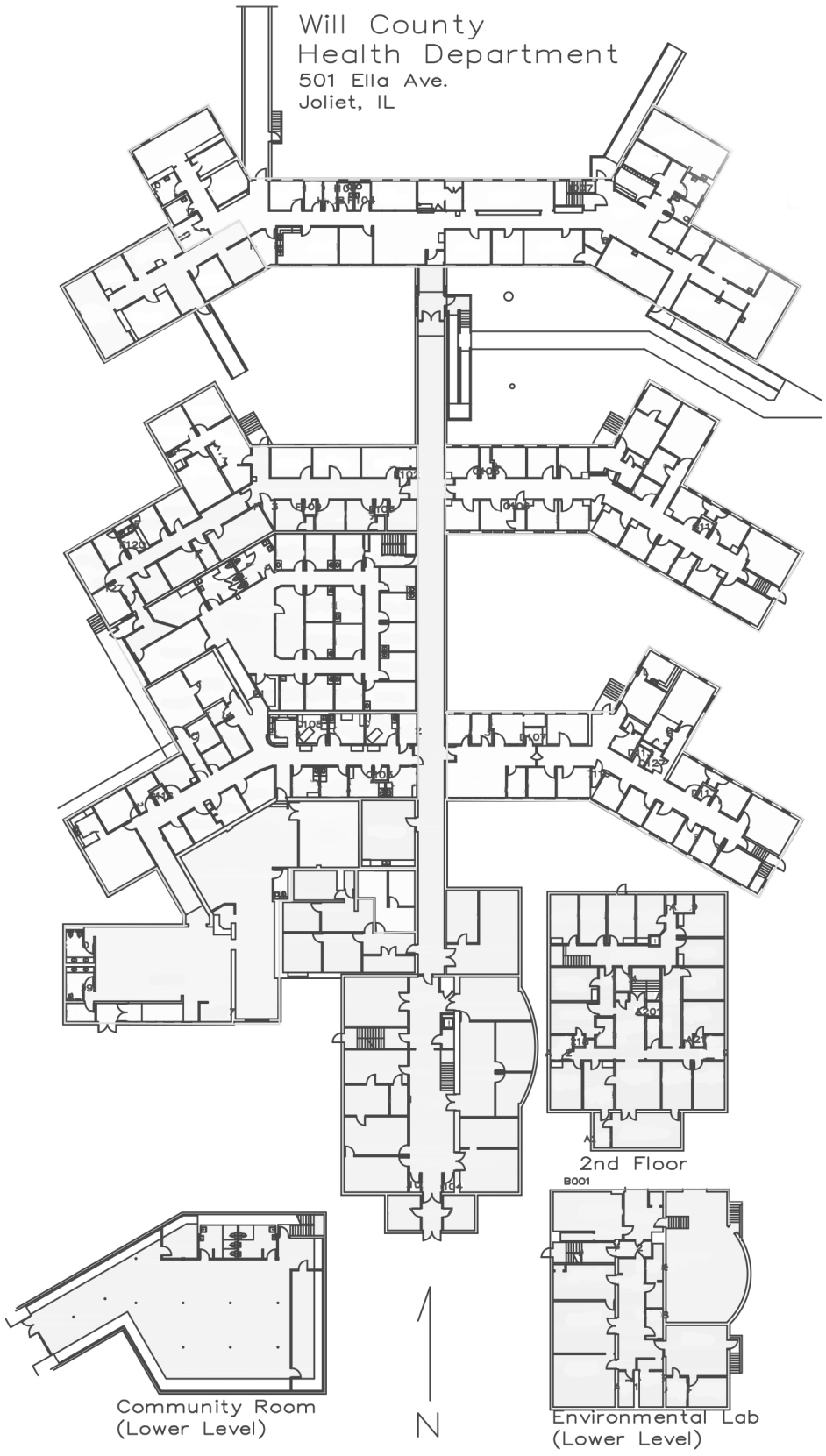
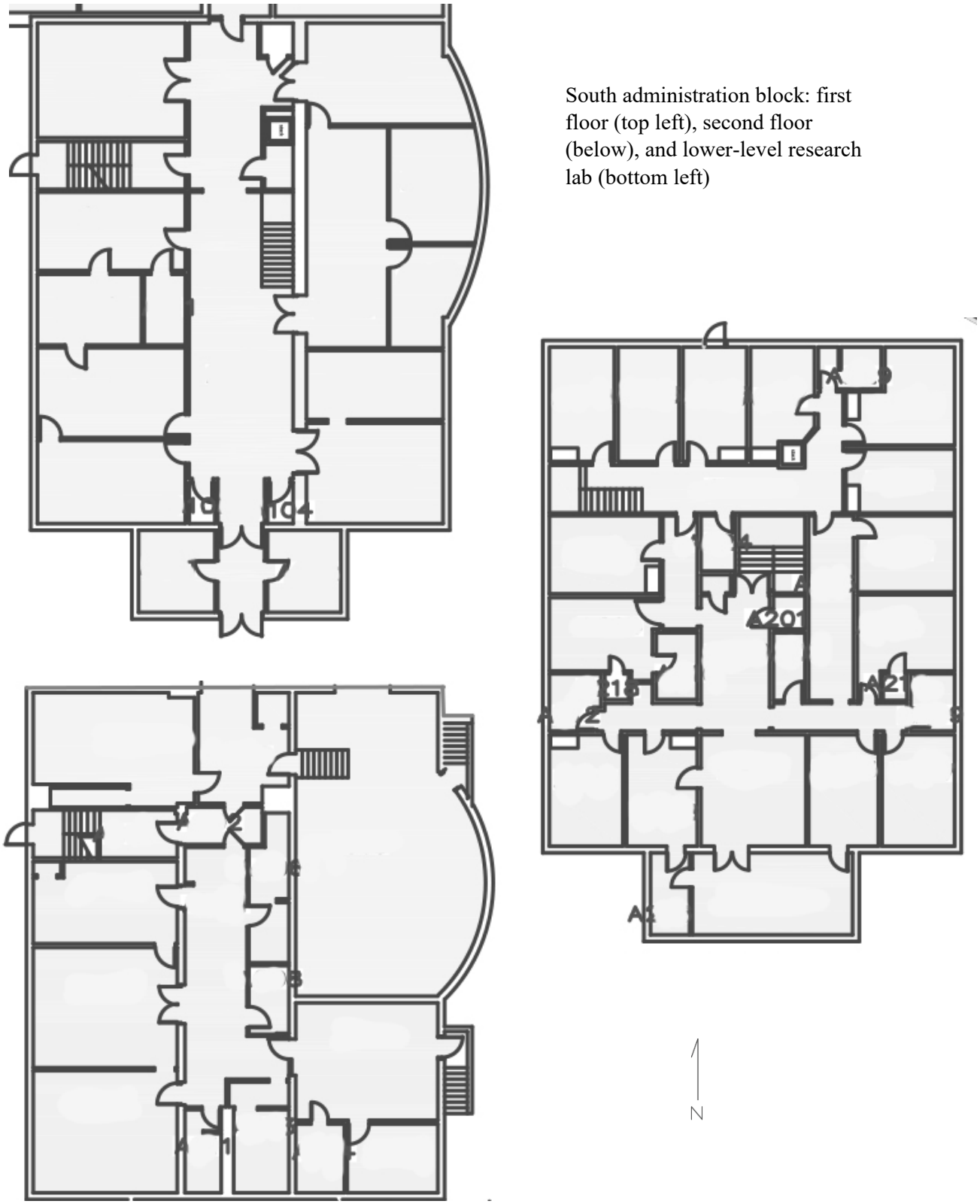
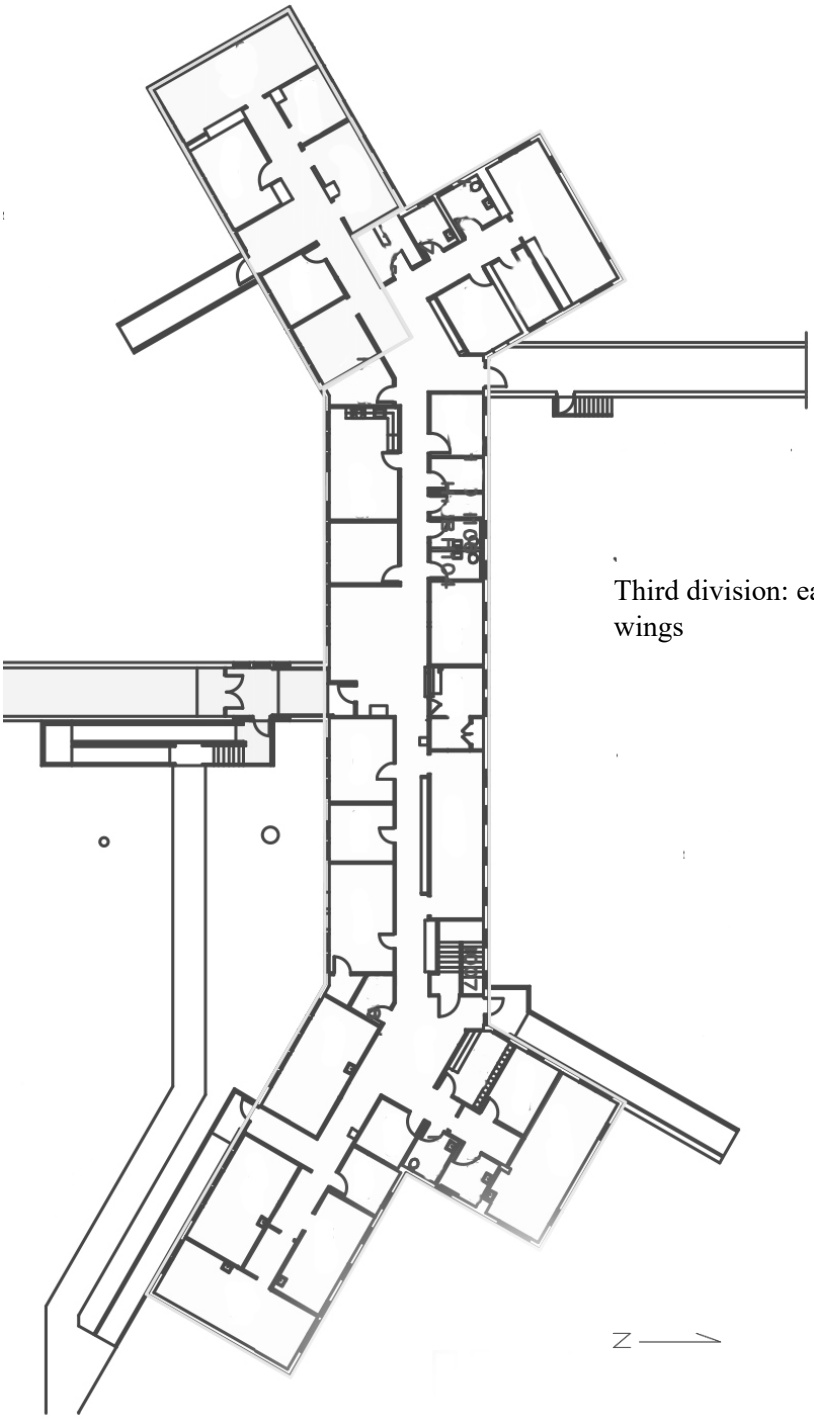

Will County
Health Department
501 Ella Ave.
Joliet, IL
2nd Floor
B001
Community Room
(Lower Level)
N
Environmental Lab
(Lower Level)



South administration block: first floor (top left), second floor (below), and lower-level research lab (bottom left)

First and second division: west wings and infill additions (left); lower-level community room located under infill addition between first and second division wings (lower right)

First and second division: east wings



Third division: east and west wings

HISTORIC AMERICAN BUILDINGS SURVEY

INDEX TO PHOTOGRAPHS

WILL COUNTY TUBERCULOSIS SANITARIUM
(Sunny Hill Sanitorium) HABS IL-1265
501 Ella Avenue
Joliet
Will County
Illinois

INDEX TO BLACK AND WHITE PHOTOGRAPHS

Leslie Schwartz, photographer, January 2020

IL-1265-1	Administration block, south and partial east facades, view northwest.
IL-1265-2	Administration block, south façade, view northeast.
IL-1265-3	Administration block, west façade, view east.
IL-1265-4	West addition to administration building, view north.
IL-1265-5	Infirmary, west ends of first, second, and third division wings, view northeast from southwest addition.
IL-1265-6	Infirmary, west ends of first and second division wings, view northeast.
IL-1265-7	Infirmary, view northeast to area between the west end of the second division wing and west end of the third division wing. The west end of the second division wing is in the foreground at the right in the photo, and the southeast and south walls of the west end of the third division wing are on the left side of the photo. The west façade of the enclosed connecting corridor is visible in the background at the center of the photo.
IL-1265-8	Infirmary, third division wing, view southwest to north façade of wing.
IL-1265-9	Infirmary, east end of north division wing, view southwest.

IL-1265-10	Infirmary, view west between east end of second division wing and third division wing.
IL-1265-11	Administration block, east façade, view southwest.
IL-1265-12	Infirmary, east ends of first division, second division, and third division wings, view northwest. Photograph was taken from the rooftop of a nearby building.
IL-1265-13	Administration block, east façade, view west.
IL-1265-14	Administration block, entry vestibule at south end of first floor, view south.
IL-1265-15	Administration block, first-floor lobby, view northeast.
IL-1265-16	Administration block, first-floor lobby, view northwest toward principal staircase.
IL-1265-17	Administration block, second-floor sunporch at south end of floor, view east.
IL-1265-18	Administration block, secondary staircase, view west.
IL-1265-19	Infirmary, central corridor, view north.
IL-1265-20	Infirmary, first division wing, east side—waiting room, view northwest.
IL-1265-21	Infirmary, second division wing, east side—central corridor, view southeast.
IL-1265-22	Infirmary, third division wing, west side—waiting area, view west.
IL-1265-23	Infirmary, central corridor, view south.


NO
FIRE
LANE


WILL COUNTY
HEALTH
DEPARTMENT
501 Ella Ave.
WIC
PARKING ONL


FAMILY HEALTH SERVICES
WIC


micro PANTRY
IMMUNIZATION CLINICS


EXIT
A
WILLSCOT
NOTICE


WELCOME
to the
Will County
Health
Department
Behavioral Health Programs
UNITED STATES
POSTAL SERVICE


ograms
rvices
EPARTMENT
ER TOMORROW
CAUTION

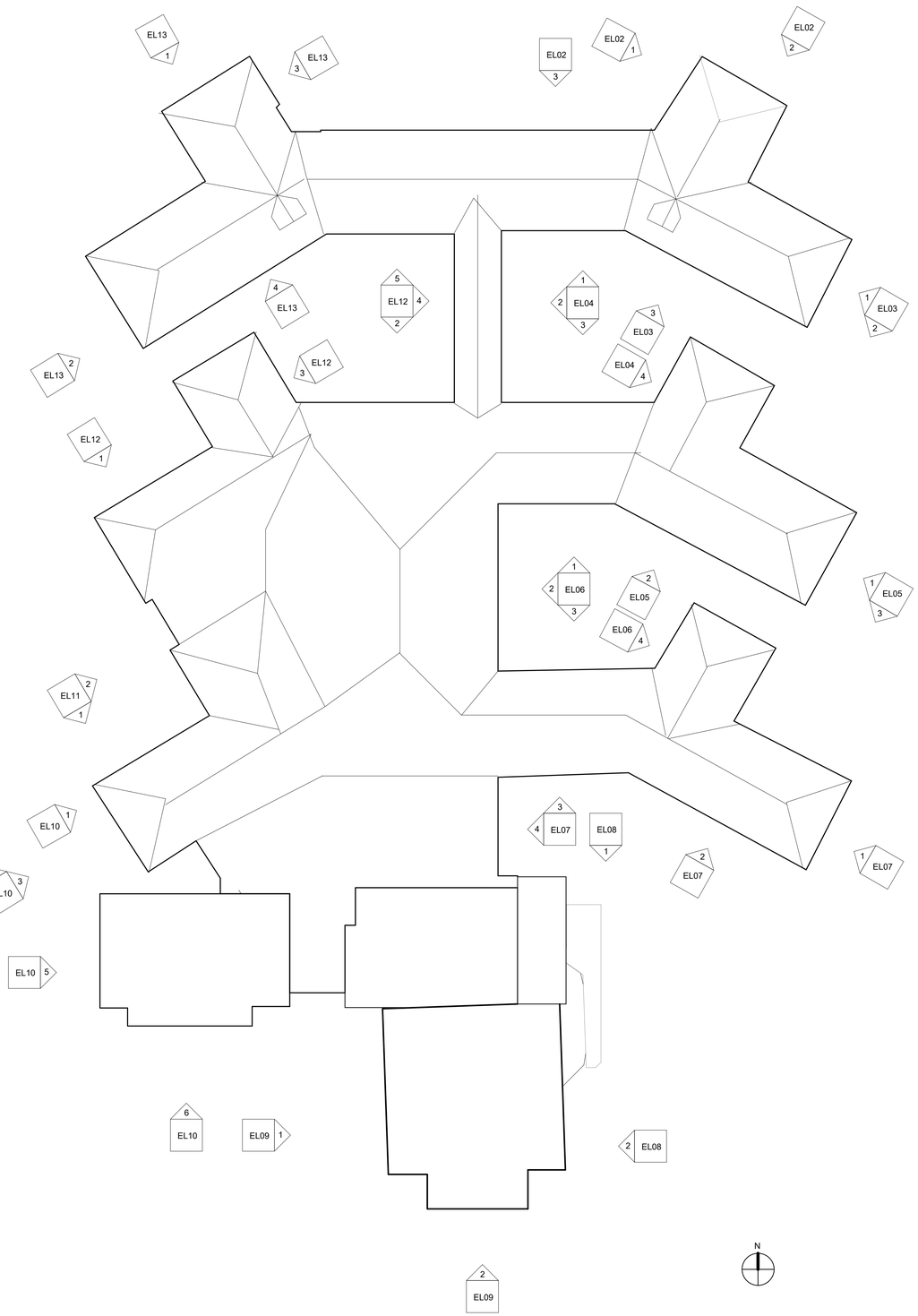

Live well


NOTICE
AUTHORIZED
PERSONNEL ONLY
AVISO
SOLO PERSONAL
AUTORIZADO

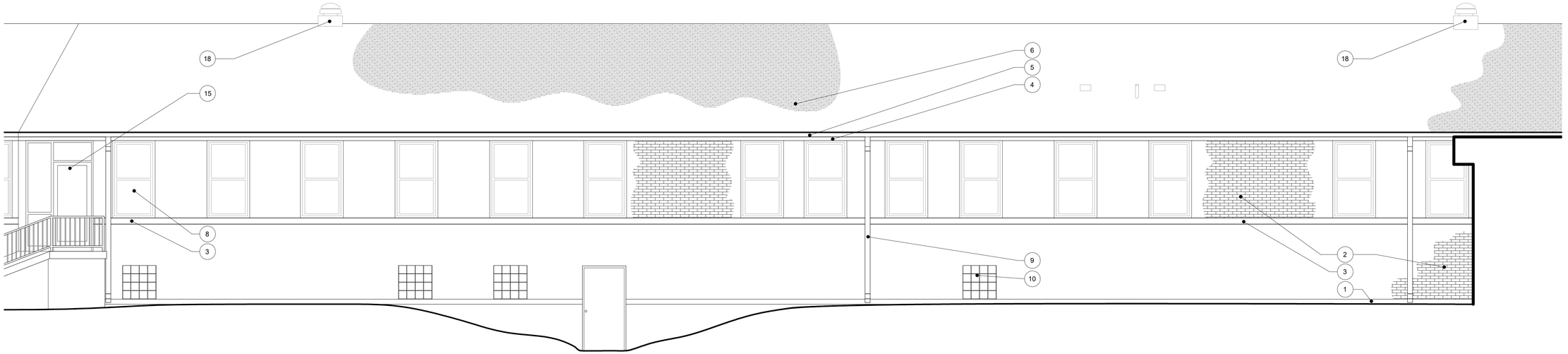

COMMUNITY ROOM


WILL COUNTY
HEALTH DEPARTMENT
WORKING FOR A BETTER TODAY...
PLANNING FOR A HEALTHIER TOMORROW
Est. 1946
Welcome
D103
PLEASE CHECK IN
WITH SECRETARY
Authorized Personnel ONLY
BEYOND THIS POINT
Crisis Line of Will County
Help Is Just A Phone Call Away!
24 Hours A Day
• PROBLEMS
• INFORMATION
• EMERGENCIES
JOLIET
815-722-3344
SUICIDE PREVENTION
1-800-273-TALK
1-800-273-8255
PREVENCIÓN del SUICIDIO
1-888-628-9454
STAND BY THEM
Todas Las Oportunidades son Importantes

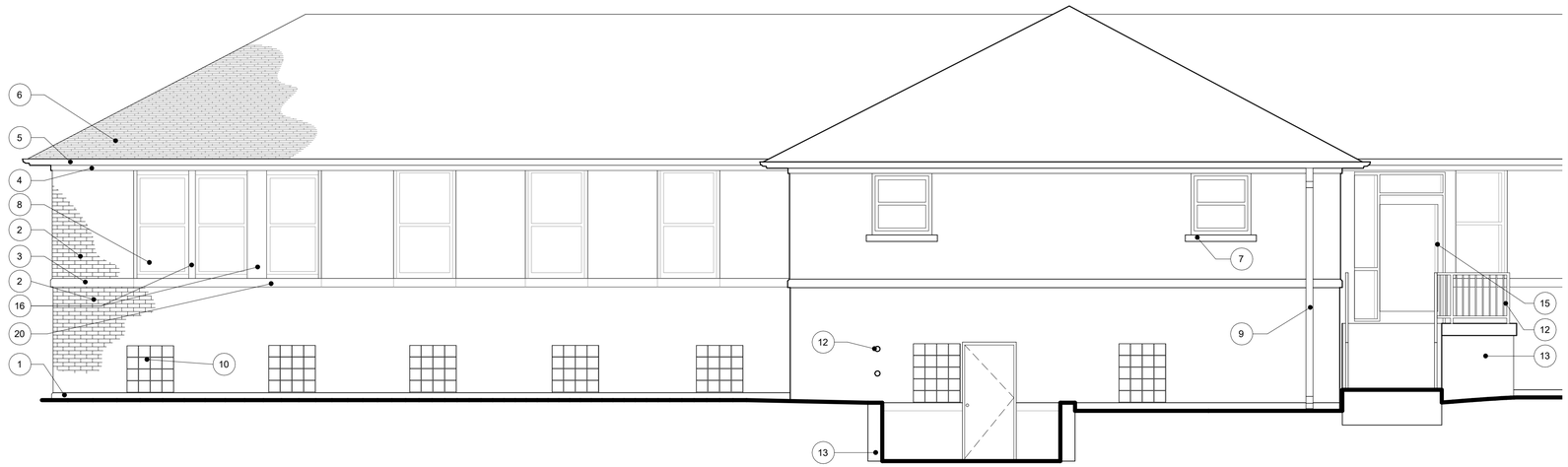

Why FIT IN when you were born to STAND OUT!
-Dr. Seuss



1 ELEVATION KEY PLAN
3/64" = 1'-0"



3 BUILDING ELEVATION
1/4" = 1'-0"



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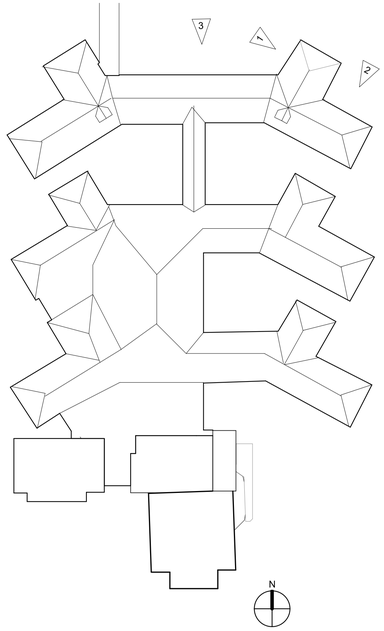
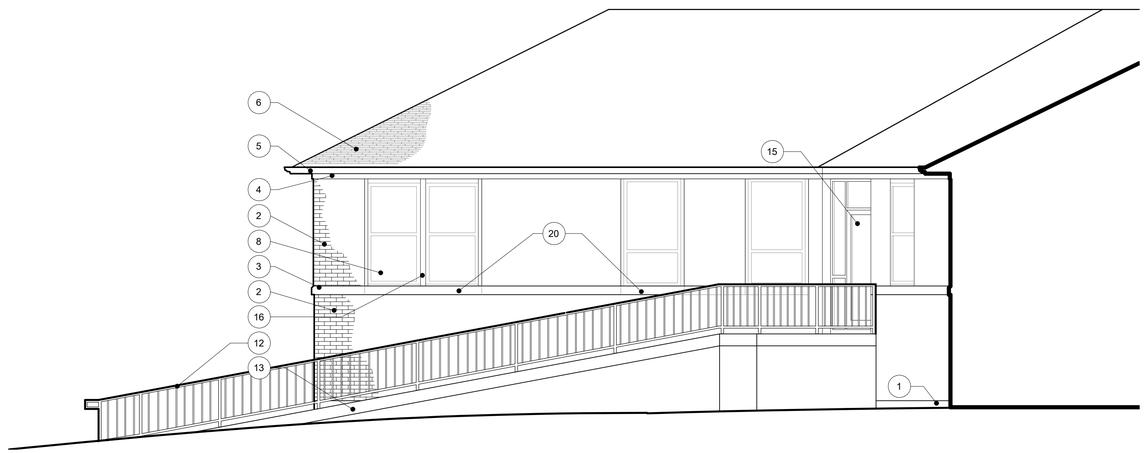


KEYNOTES	
#	NOTE
1	STONE FOUNDATION CAP ON FOUNDATION WALL
1.1	CONCRETE FOUNDATION WALL
2	BRICK W/ RAKED MORTOR JOINT, TYP.
2.1	BRICK SOLDIER COURSE
2.2	BRICK QUOIN - TYP. AT SOLDIER COURSE
2.3	BRICK SOLDIER COURSE REVEAL
2.4	BRICK SILL
3	STONE SILL COURSE
4	PAINTED WOOD FASCIA BOARD
5	WHITE ALUMINUM GUTTER
6	GREY ASPHALT SHINGLE ROOF
7	STONE SILL
7.1	STONE WINDOW HEAD COURSE
7.2	STONE CORNICE
7.3	STONE PARAPET CAP
7.4	STONE DETAILS
8	PAINTED WOOD WINDOWS W/ ALUMINUM SCREEN (TYP)
8.1	ALUMINUM WINDOW
9	ALUMINUM DOWNSPOUT - DRAIN ON GRADE
9.1	ALUMINUM DOWNSPOUT - CONNECTION TO SEWER
10	GLASS BLOCK WINDOW
12	PAINTED METAL RAILING
13	CONCRETE RAMP
13.1	CONCRETE STAIRS
14	VINYL SIDING
14.1	PAINTED WOOD SIDING
15	ALUMINUM STOREFRONT DOOR & LITE
16	PAINTED WOOD, TYP.
17	VINYL SIDED DORMER
18	METAL ROOF VENT
19	BRICK INFILL
20	WINDOW SILL PROTECTION
21	BREAK METAL COPING
22	METAL CLAD AWNING
23	FLAGPOLE
24	BRICK SMOKESTACK
25	METAL VENT



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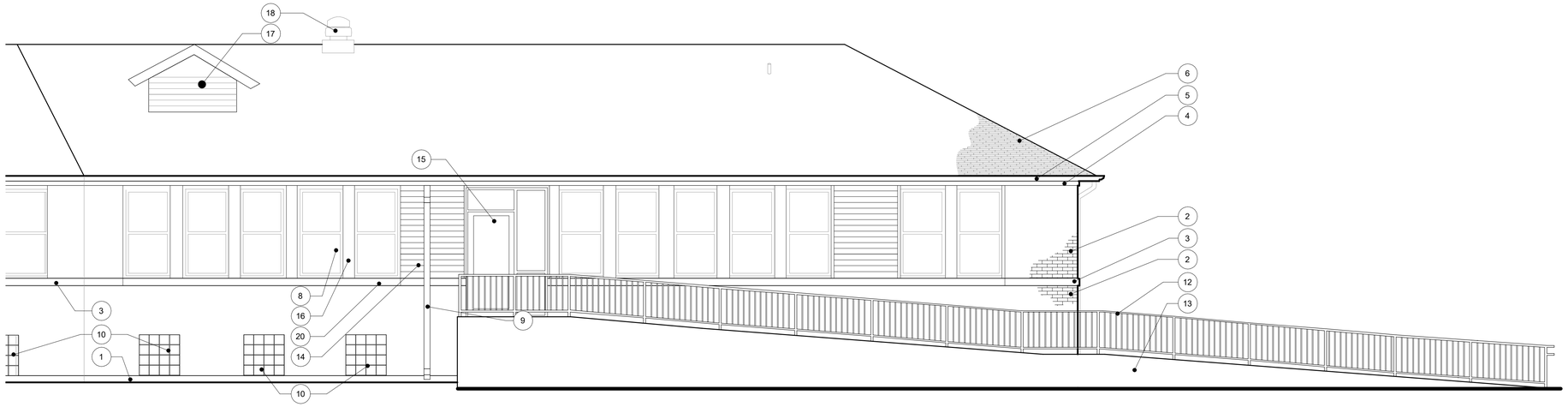

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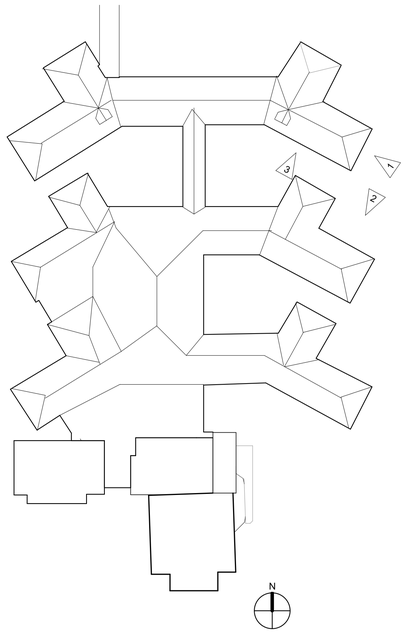

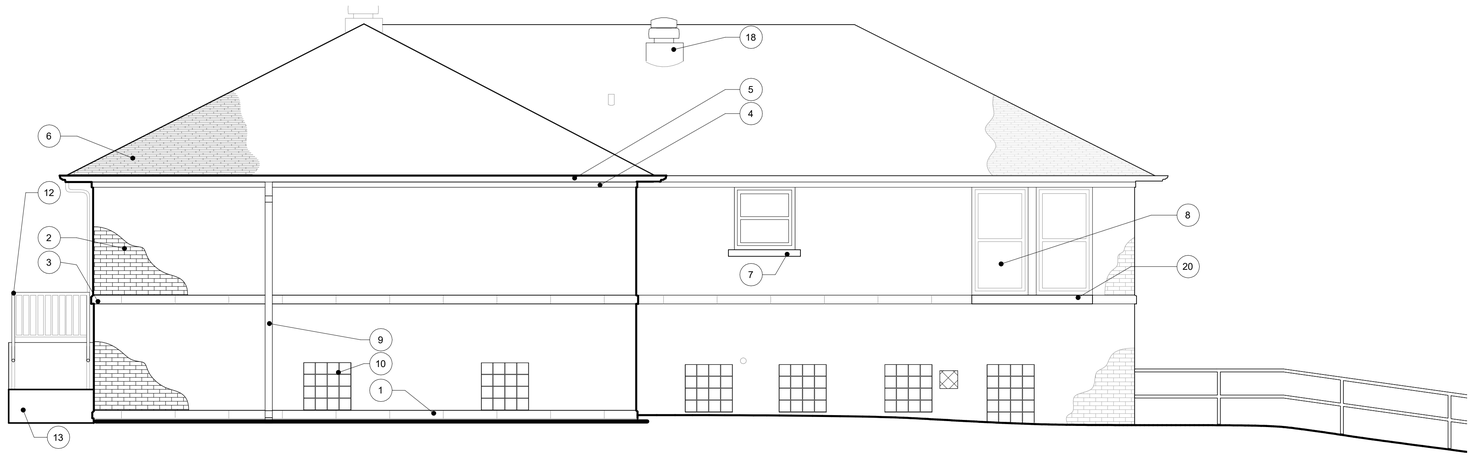

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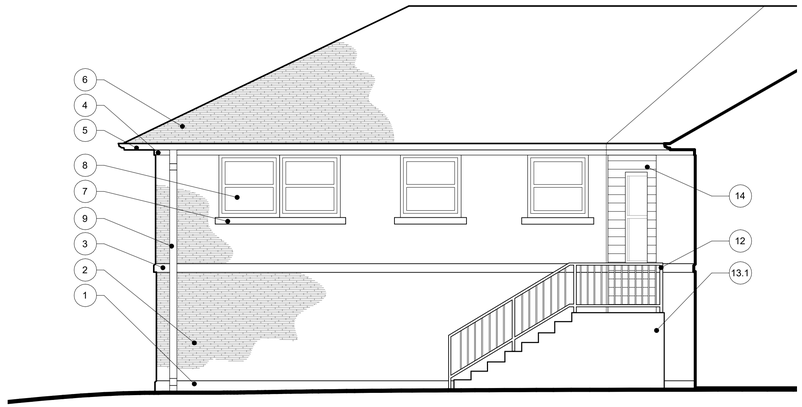
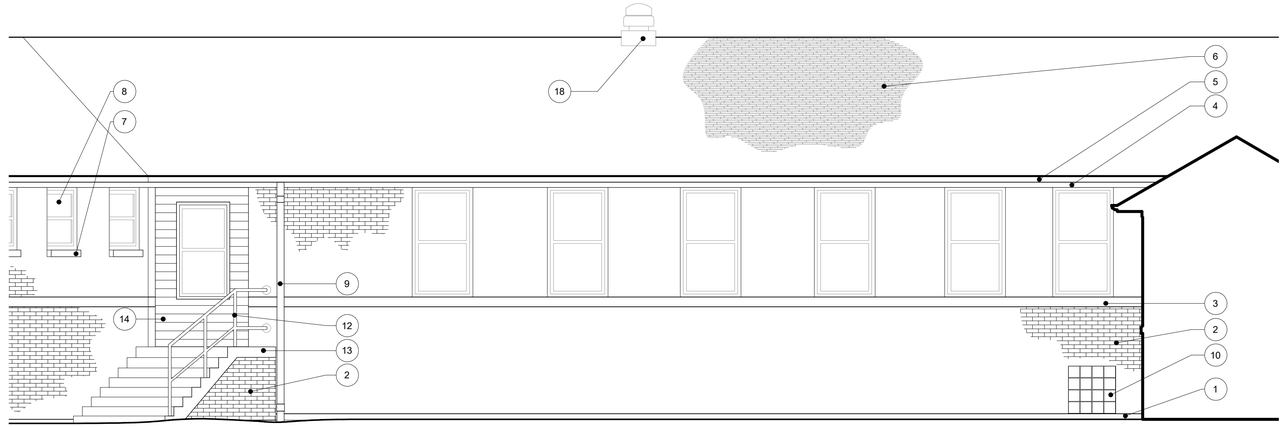


4 BUILDING ELEVATION
1/4" = 1'-0"



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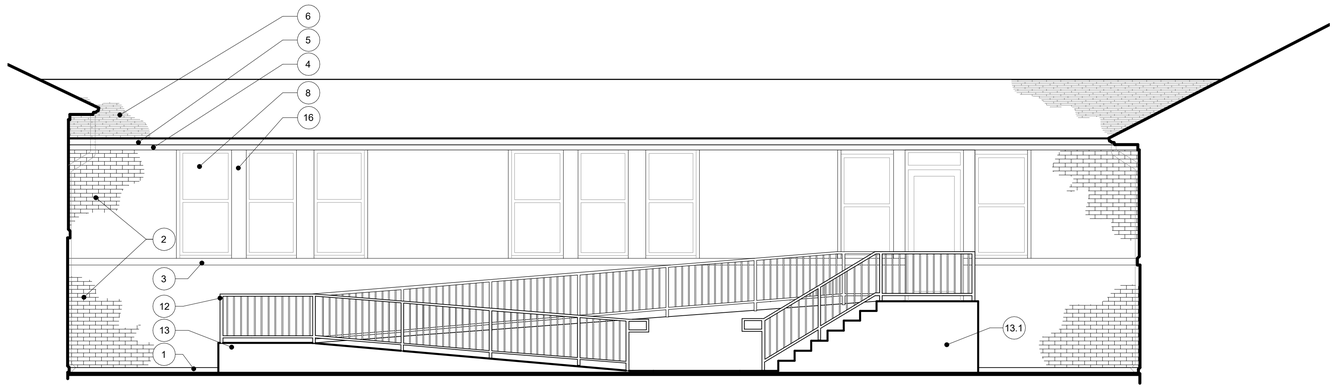

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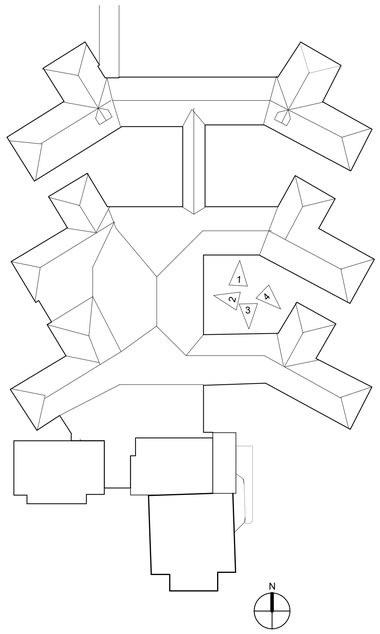

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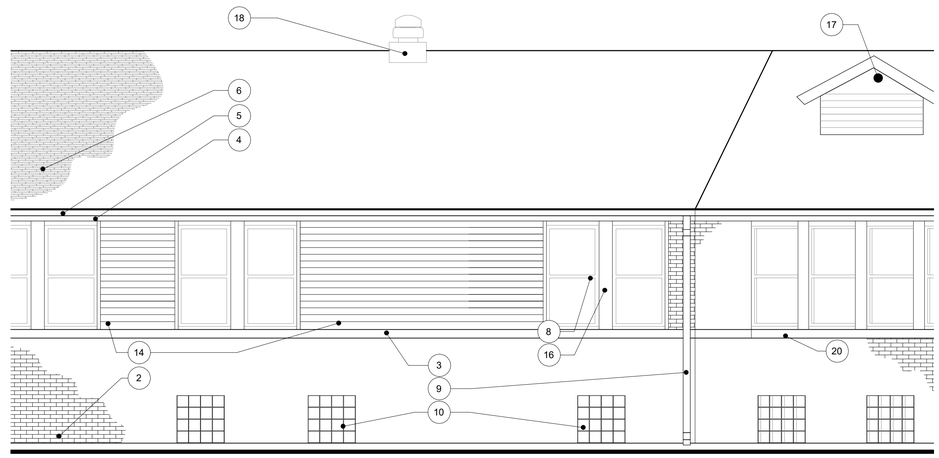
1.1	CONCRETE FOUNDATION WALL
2	BRICK W/ RAKED MORTOR JOINT, TYP.
2.1	BRICK SOLDIER COURSE
2.2	BRICK QUOIN - TYP. AT SOLDIER COURSE
2.3	BRICK SOLDIER COURSE REVEAL
2.4	BRICK SILL
3	STONE SILL COURSE
4	PAINTED WOOD FASCIA BOARD
5	WHITE ALUMINUM GUTTER
6	GREY ASPHALT SHINGLE ROOF
7	STONE SILL
7.1	STONE WINDOW HEAD COURSE
7.2	STONE CORNICE
7.3	STONE PARAPET CAP
7.4	STONE DETAILS
8	PAINTED WOOD WINDOWS W/ ALUMINUM SCREEN (TYP)
8.1	ALUMINUM WINDOW
9	ALUMINUM DOWNSPOUT - DRAIN ON GRADE
9.1	ALUMINUM DOWNSPOUT - CONNECTION TO SEWER
10	GLASS BLOCK WINDOW
12	PAINTED METAL RAILING
13	CONCRETE RAMP
13.1	CONCRETE STAIRS
14	VINYL SIDING
14.1	PAINTED WOOD SIDING
15	ALUMINUM STOREFRONT DOOR & LITE
16	PAINTED WOOD, TYP.
17	VINYL SIDED DORMER
18	METAL ROOF VENT
19	BRICK INFILL
20	WINDOW SILL PROTECTION
21	BREAK METAL COPING
22	METAL CLAD AWNING
23	FLAGPOLE
24	BRICK SMOKESTACK
25	METAL VENT



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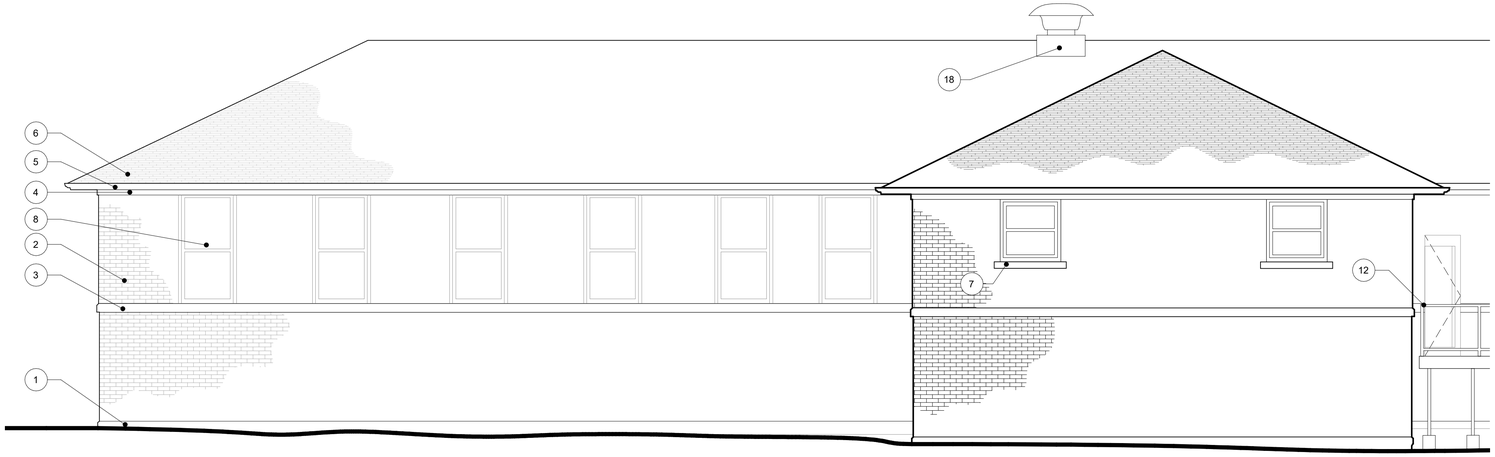

3 BUILDING ELEVATION
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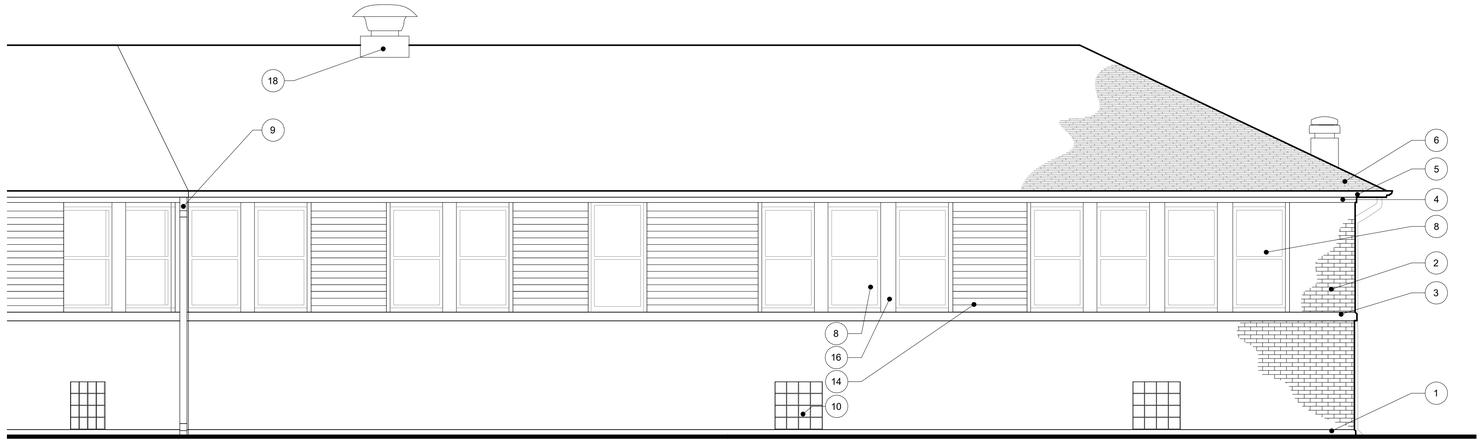
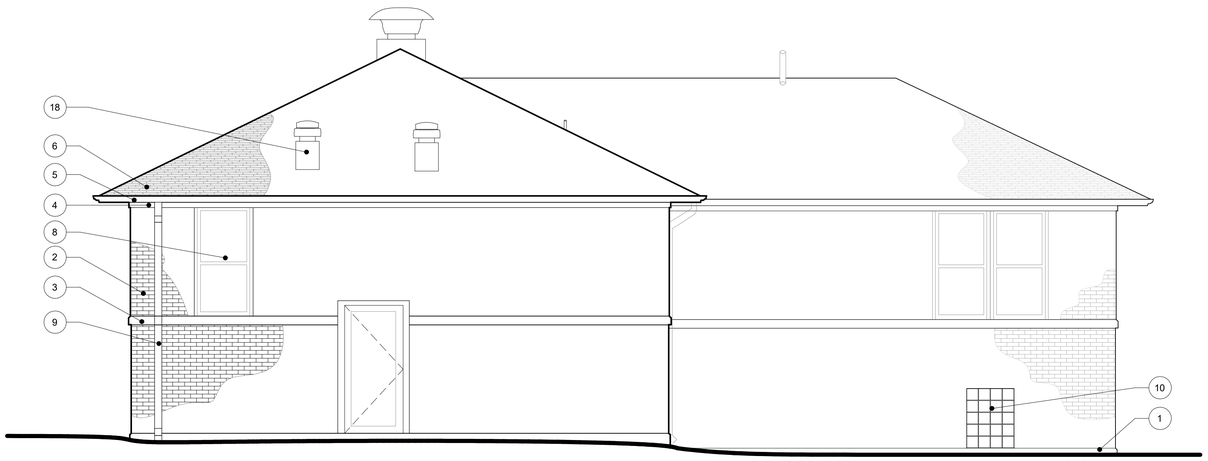


2 BUILDING ELEVATION
1/4" = 1'-0"



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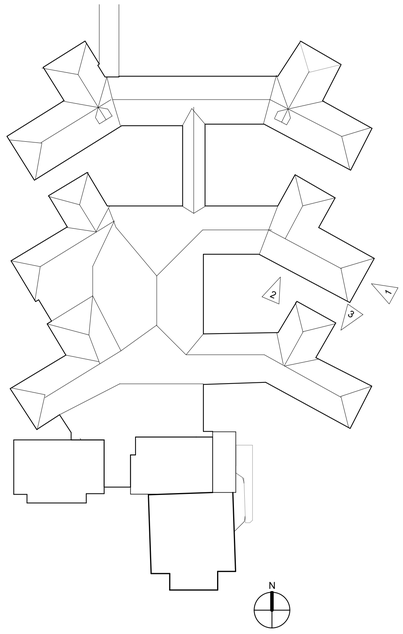

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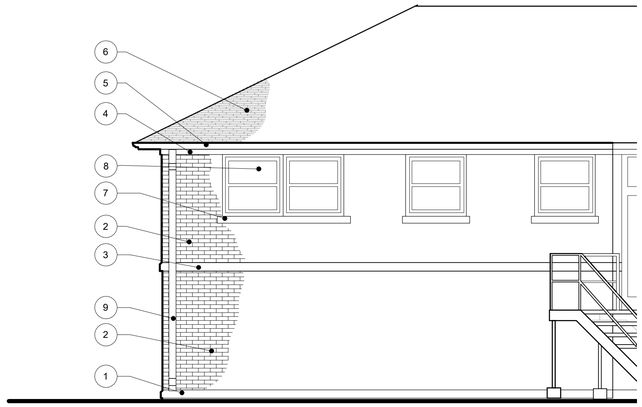

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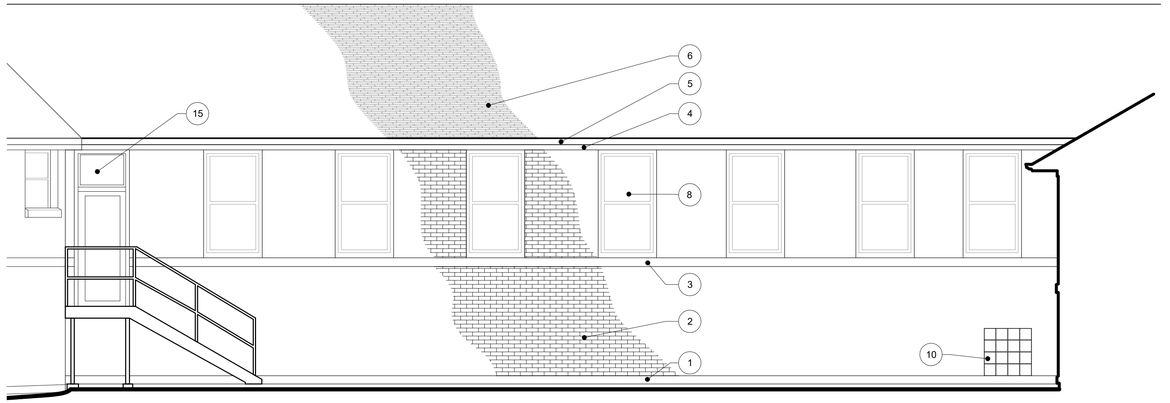

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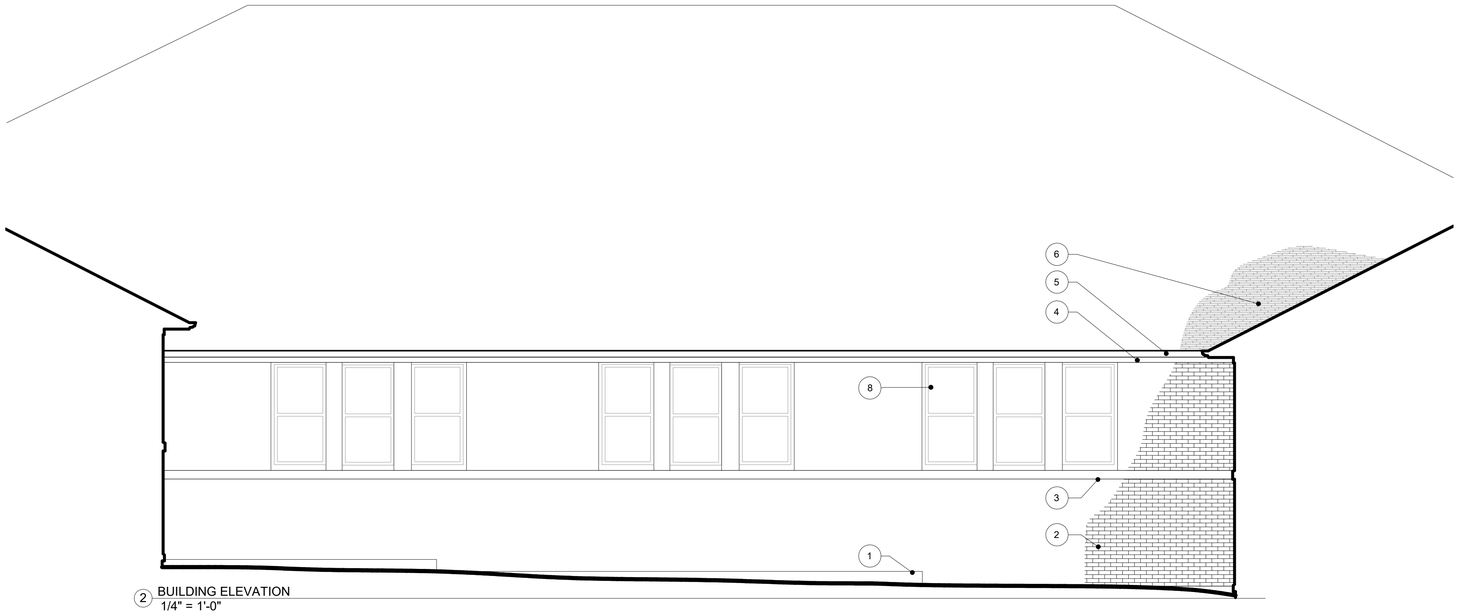

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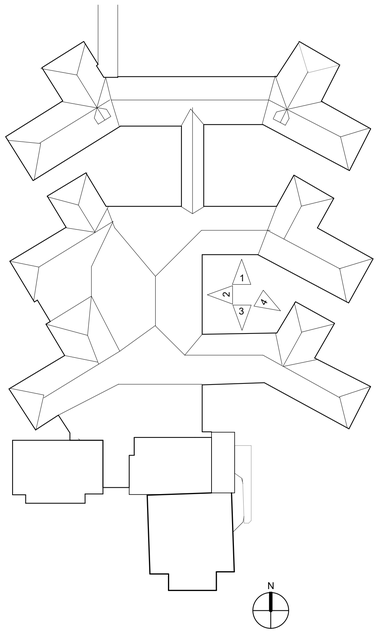

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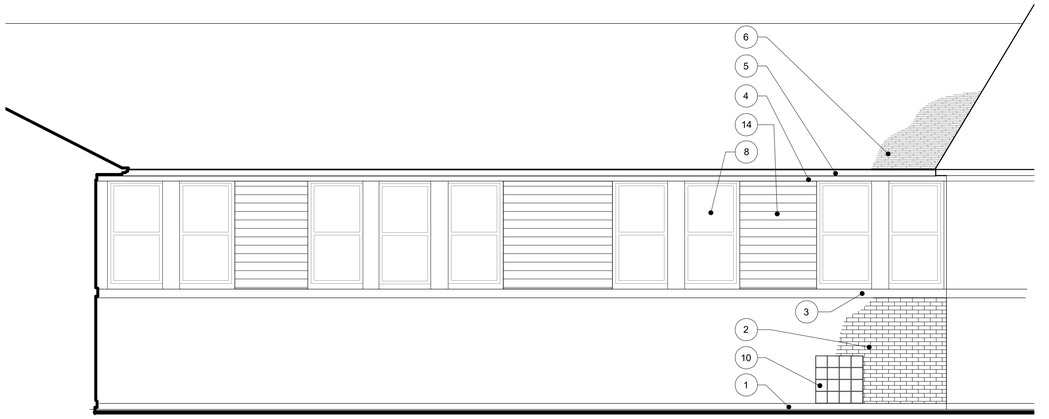

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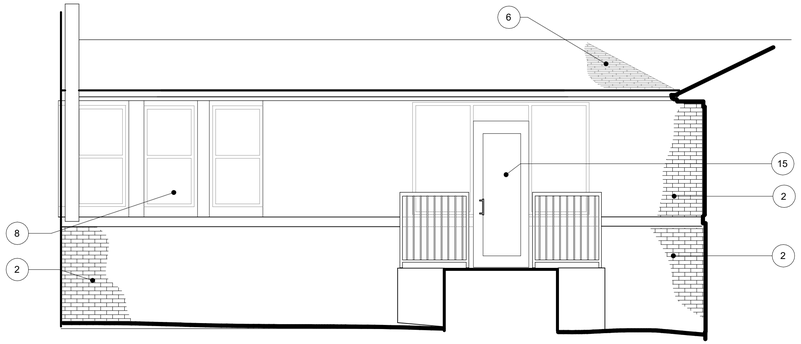

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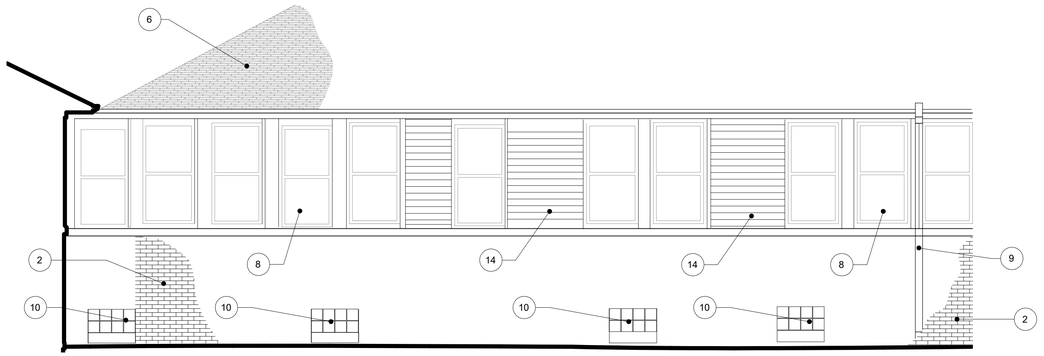

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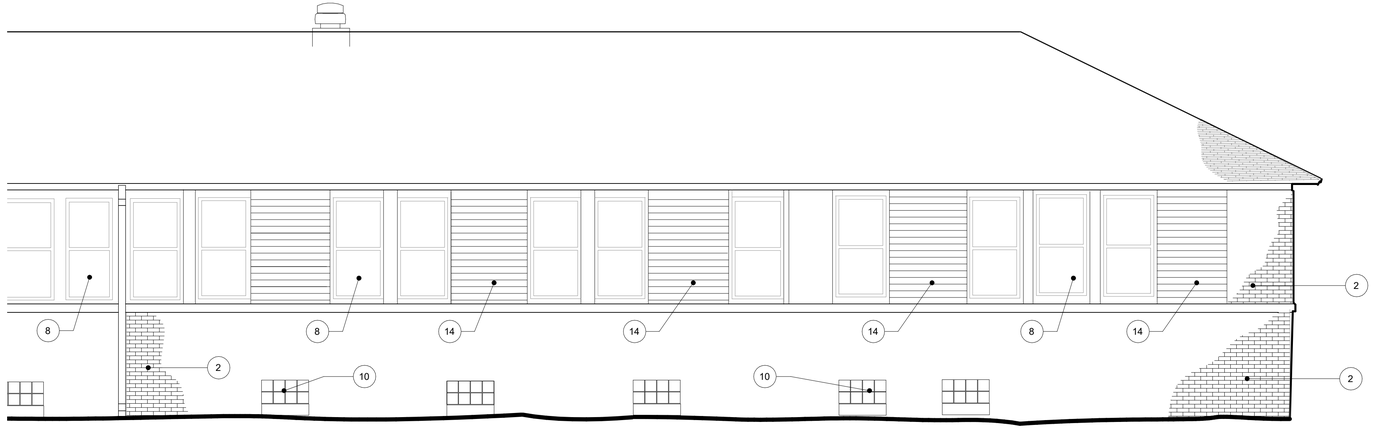

2 BUILDING ELEVATION
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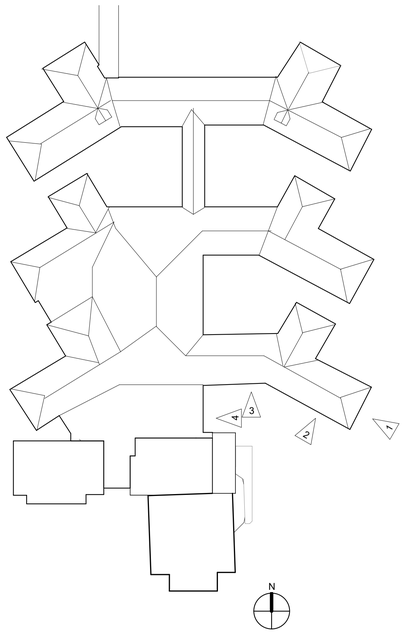

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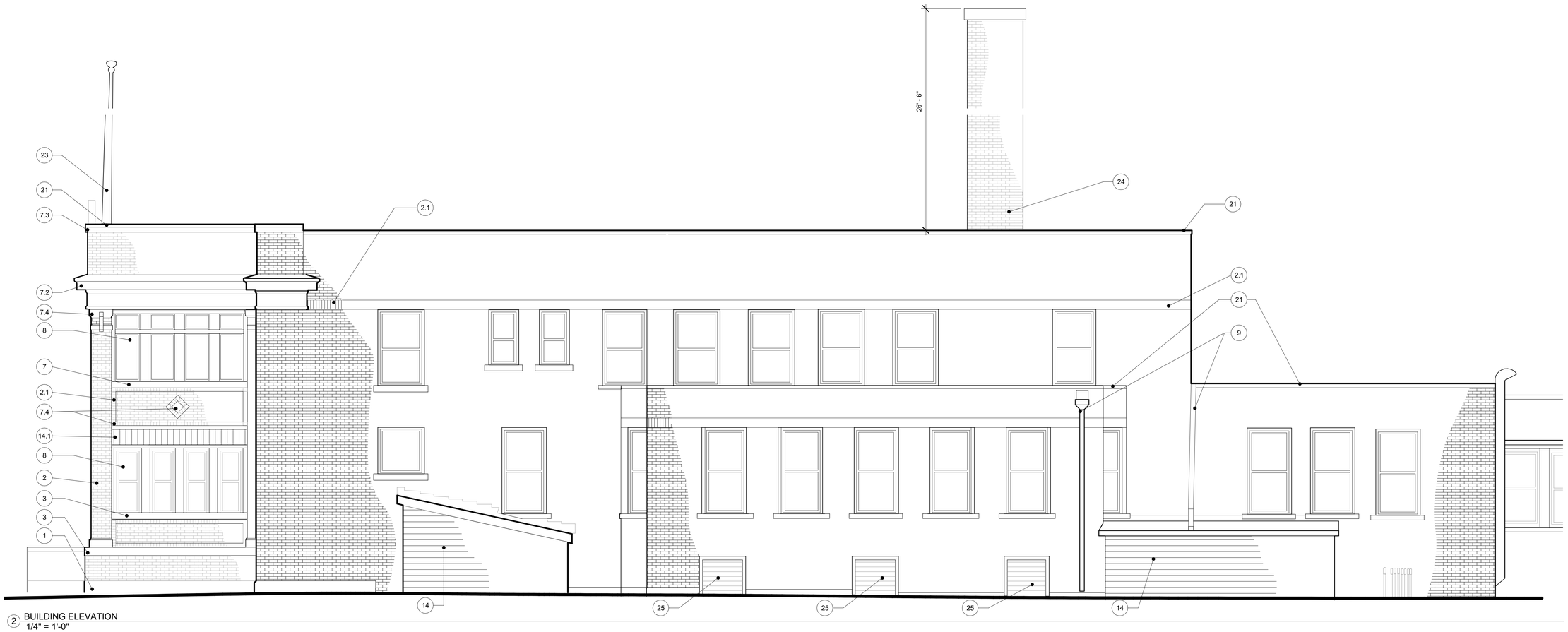
ELEVATION NOT COMPLETE

1 BUILDING ELEVATION
1/4" = 1'-0"



2 BUILDING ELEVATION
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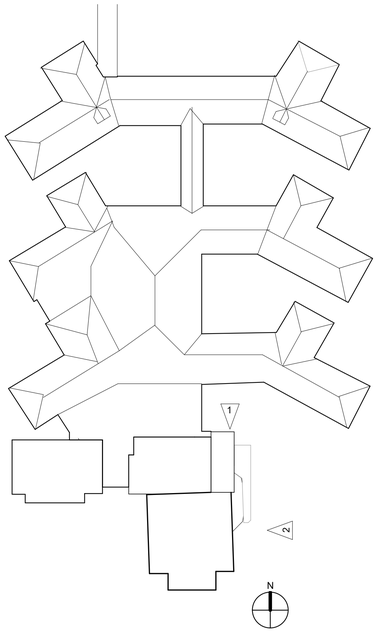

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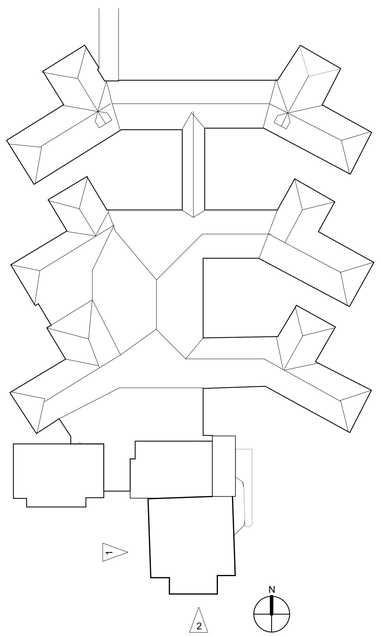

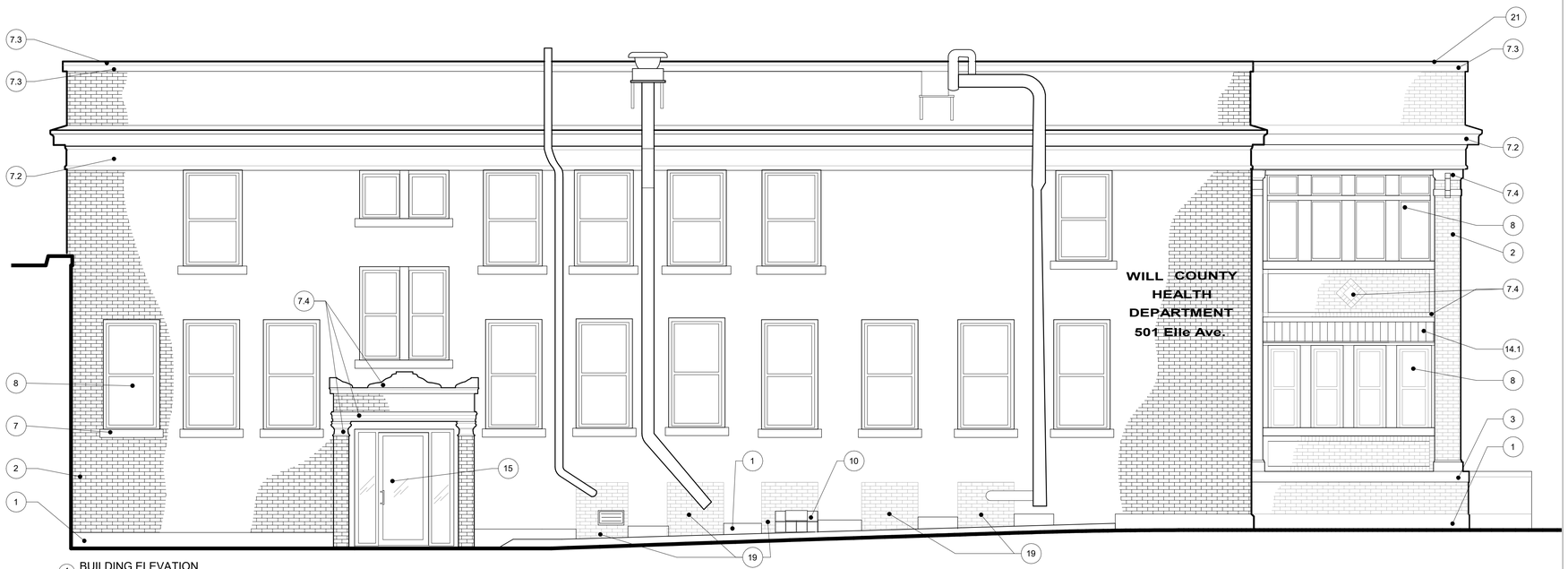

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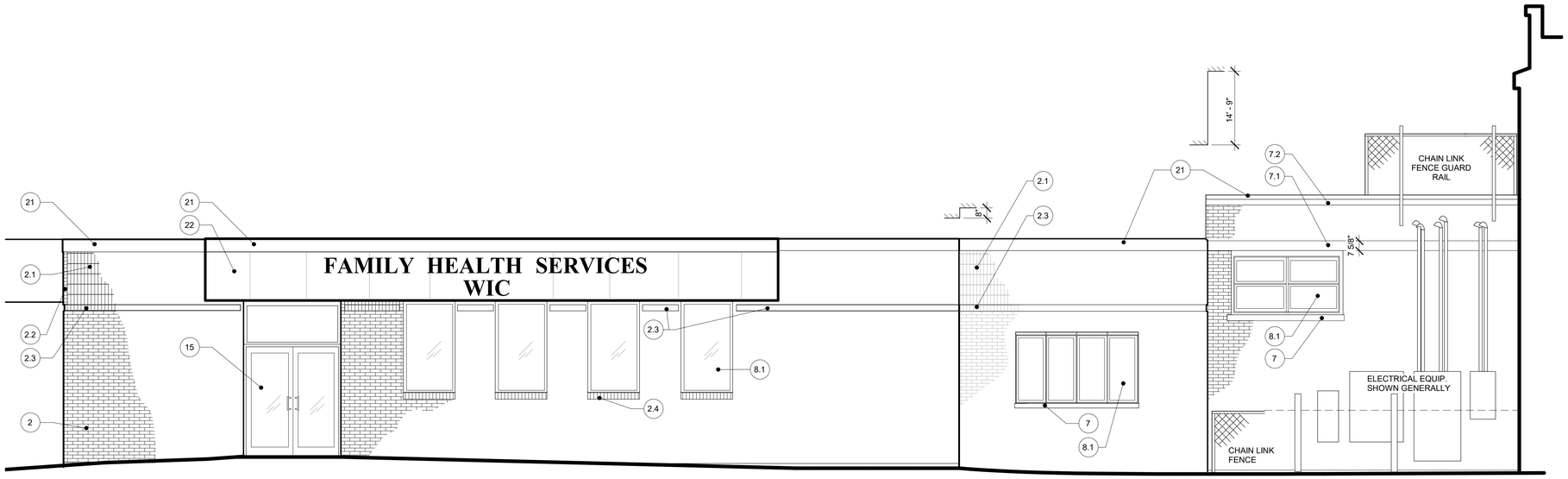

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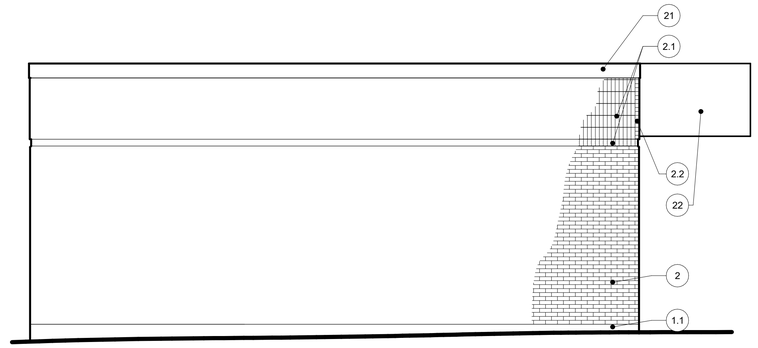

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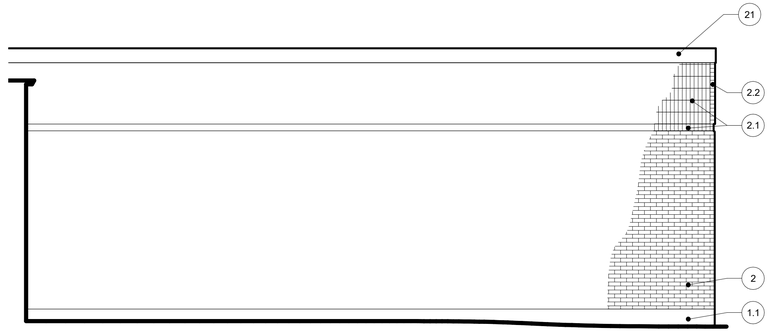

4 BUILDING ELEVATION
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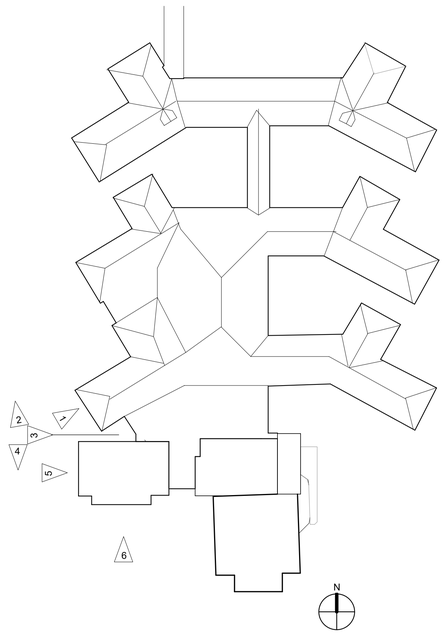

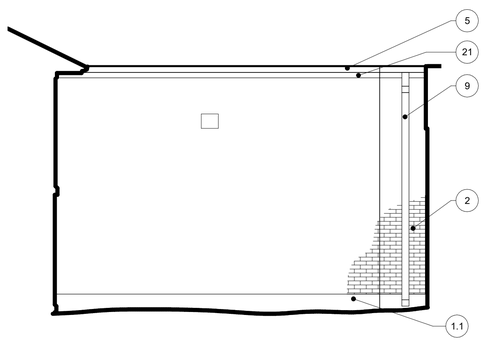

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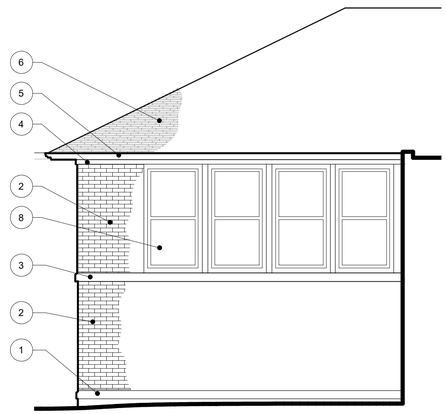

2 BUILDING ELEVATION
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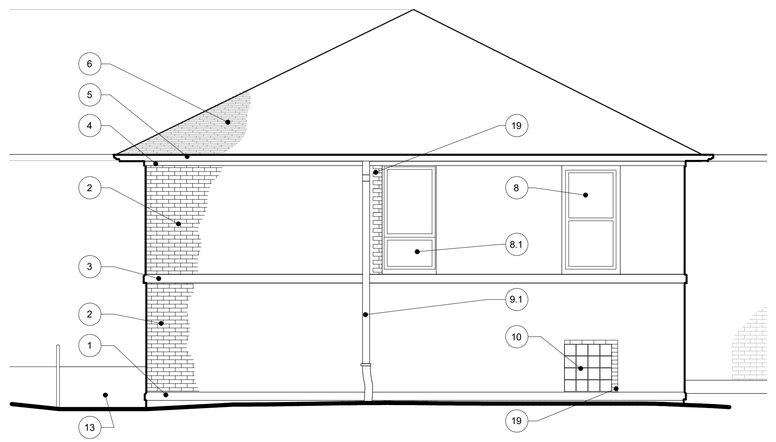

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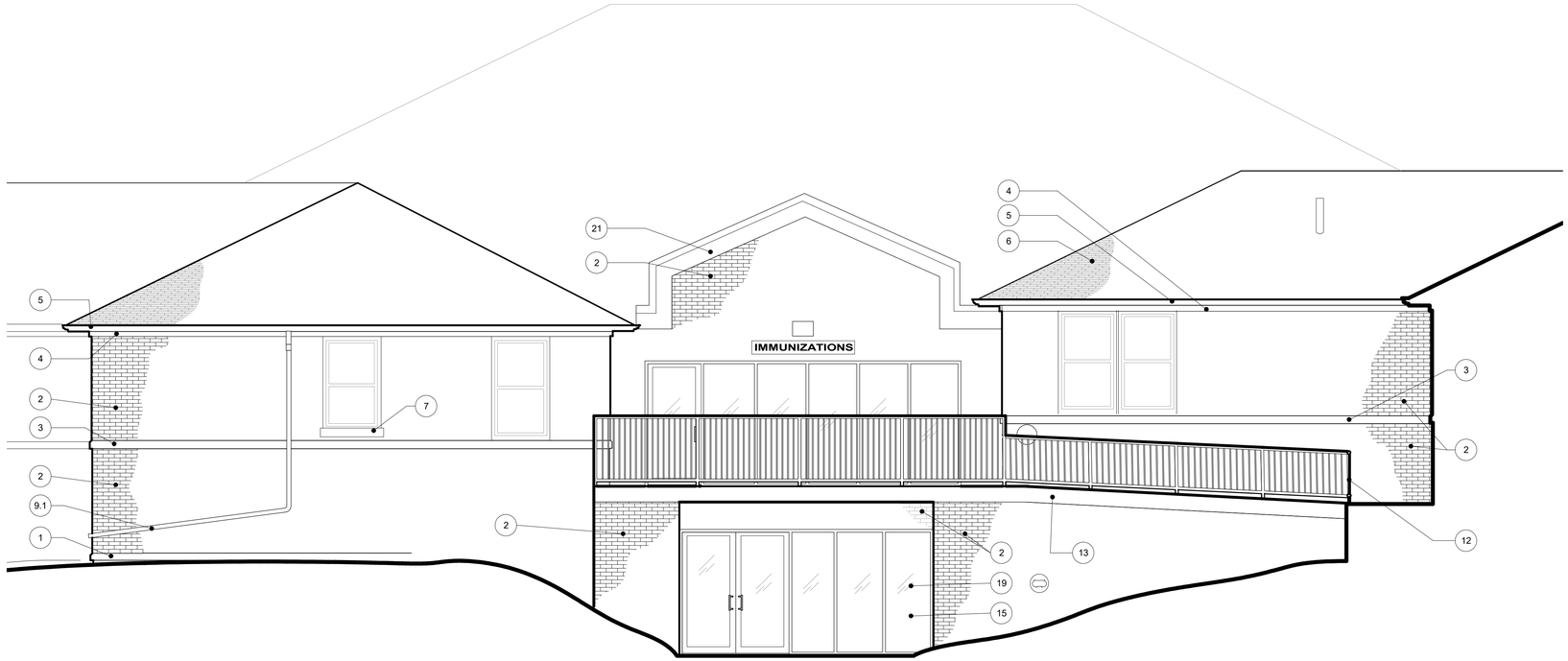

2 BUILDING ELEVATION
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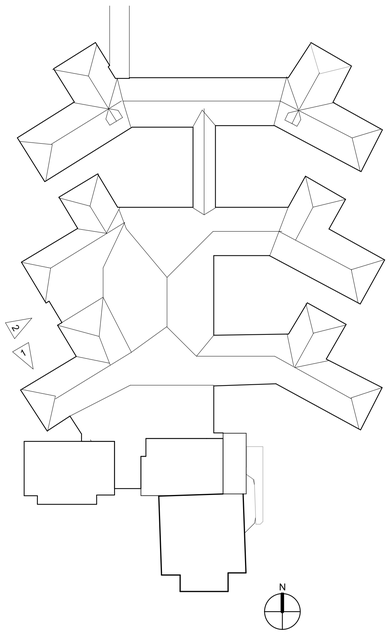

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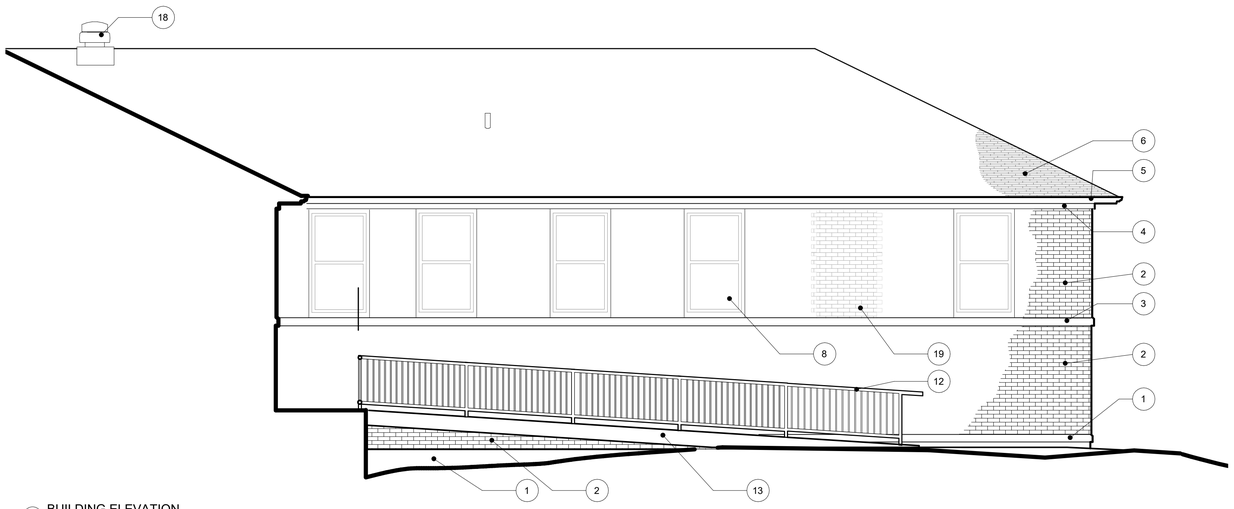
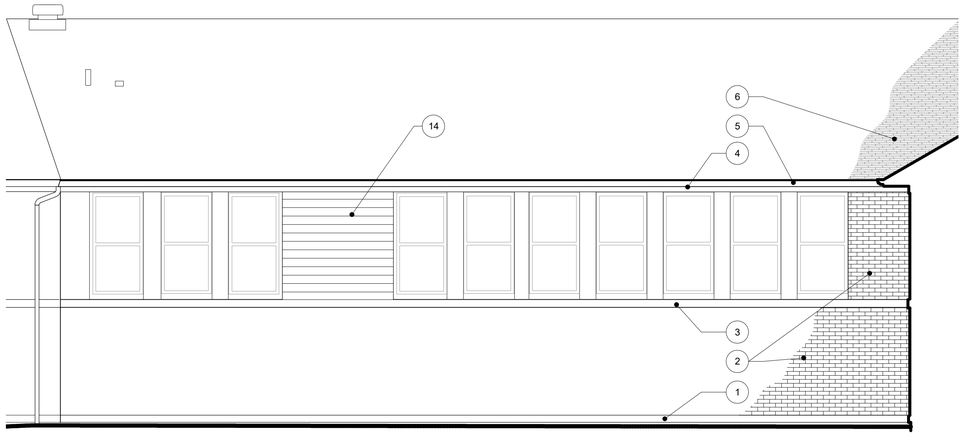
4	PAINTED WOOD FASCIA BOARD
5	WHITE ALUMINUM GUTTER
6	GREY ASPHALT SHINGLE ROOF
7	STONE SILL
7.1	STONE WINDOW HEAD COURSE
7.2	STONE CORNICE
7.3	STONE PARAPET CAP
7.4	STONE DETAILS
8	PAINTED WOOD WINDOWS W/ ALUMINUM SCREEN (TYP)
8.1	ALUMINUM WINDOW
9	ALUMINUM DOWNSPOUT - DRAIN ON GRADE
9.1	ALUMINUM DOWNSPOUT - CONNECTION TO SEWER
10	GLASS BLOCK WINDOW
12	PAINTED METAL RAILING
13	CONCRETE RAMP
13.1	CONCRETE STAIRS
14	VINYL SIDING
14.1	PAINTED WOOD SIDING
15	ALUMINUM STOREFRONT DOOR & LITE
16	PAINTED WOOD, TYP.
17	VINYL SIDED DORMER
18	METAL ROOF VENT
19	BRICK INFILL
20	WINDOW SILL PROTECTION
21	BREAK METAL COPING
22	METAL CLAD AWNING
23	FLAGPOLE
24	BRICK SMOKESTACK
25	METAL VENT



1 BUILDING ELEVATION
1/4" = 1'-0"



5 BUILDING ELEVATION
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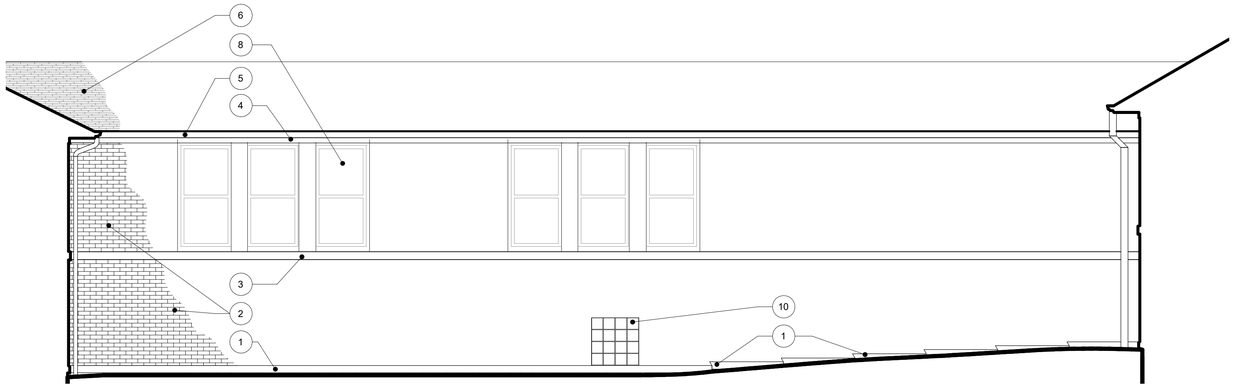
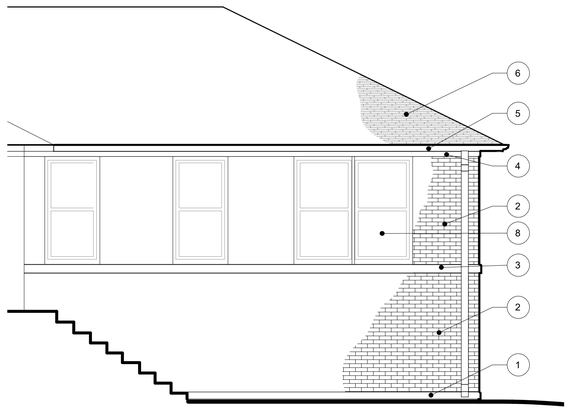
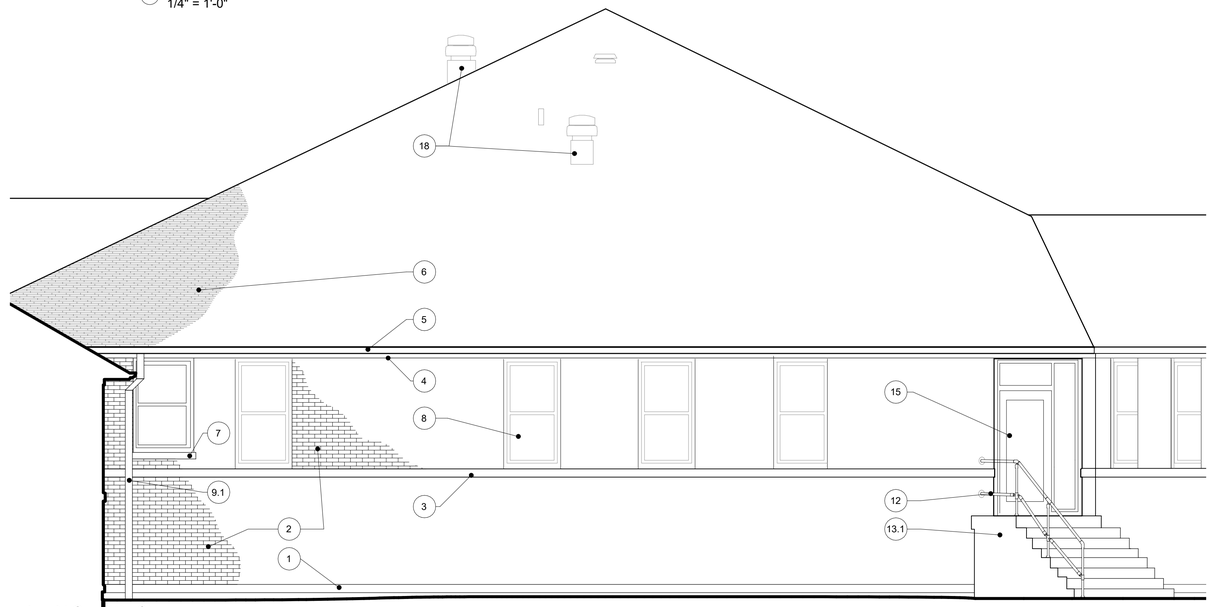


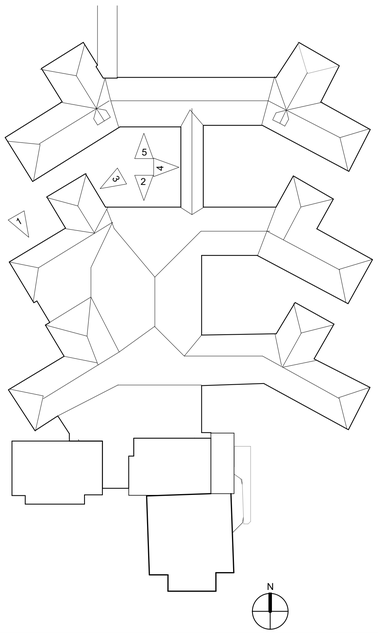
4 BUILDING ELEVATION
1/4" = 1'-0"



3 BUILDING ELEVATION
1/4" = 1'-0"



2 BUILDING ELEVATION
1/4" = 1'-0"



KEYNOTES	
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1	STONE FOUNDATION CAP ON FOUNDATION WALL
1.1	CONCRETE FOUNDATION WALL
2	BRICK W/ RAKED MORTOR JOINT, TYP.
2.1	BRICK SOLDIER COURSE
2.2	BRICK QUOIN - TYP. AT SOLDIER COURSE
2.3	BRICK SOLDIER COURSE REVEAL
2.4	BRICK SILL
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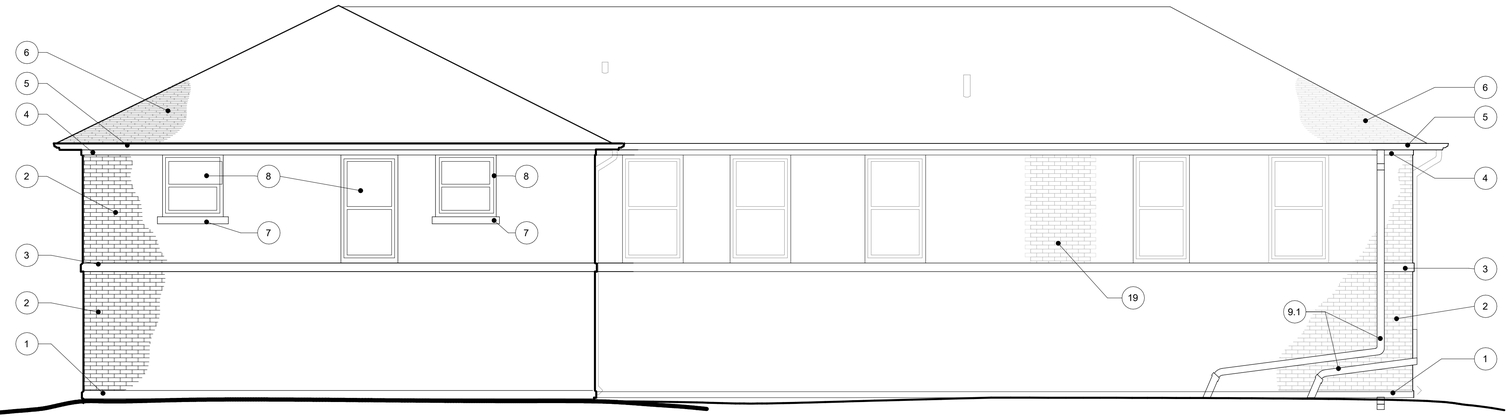

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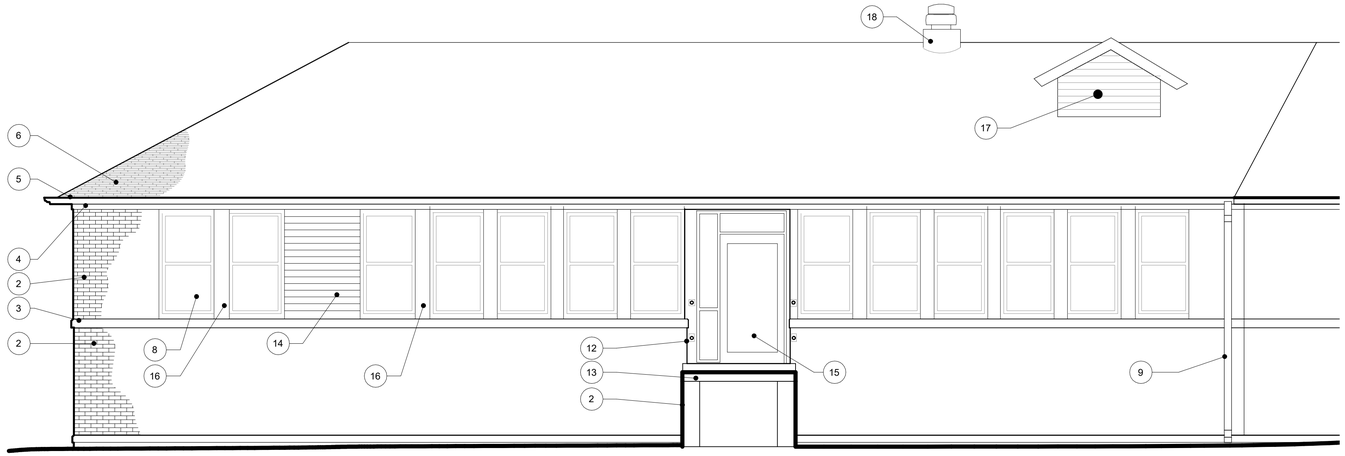

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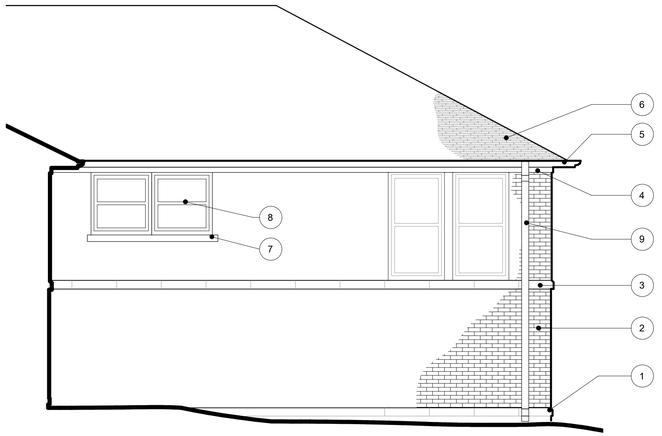

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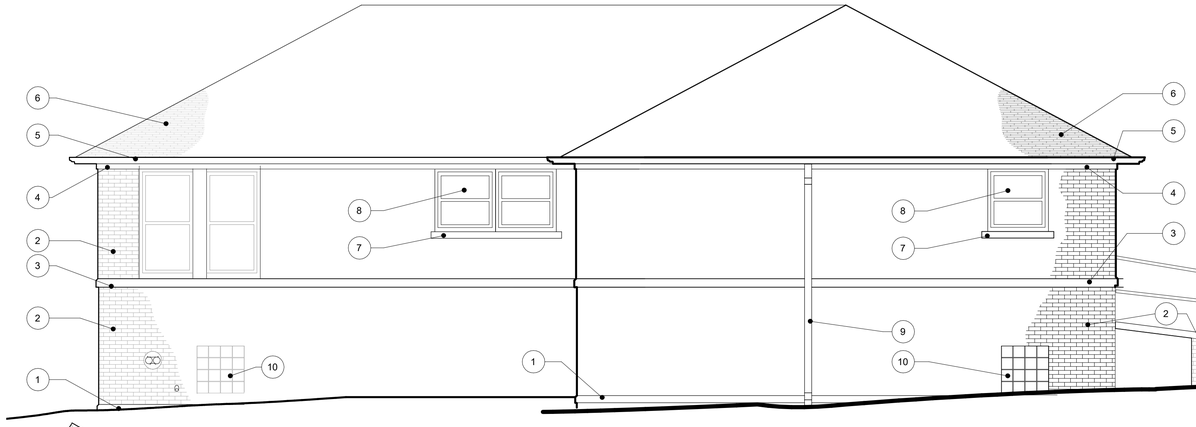

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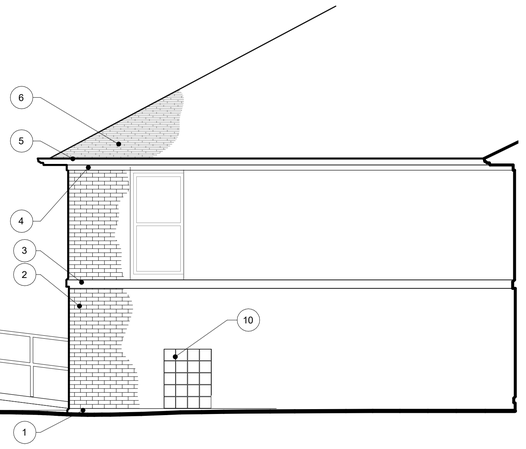

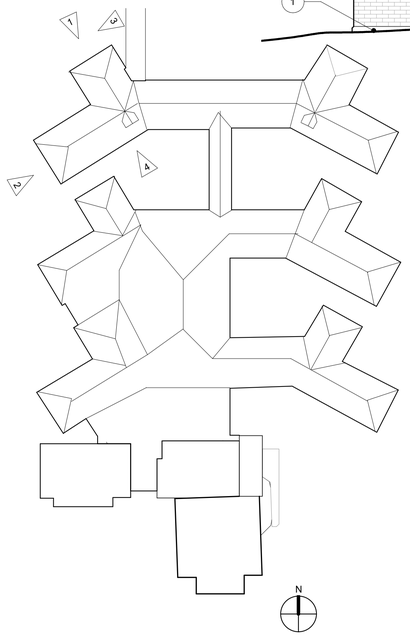

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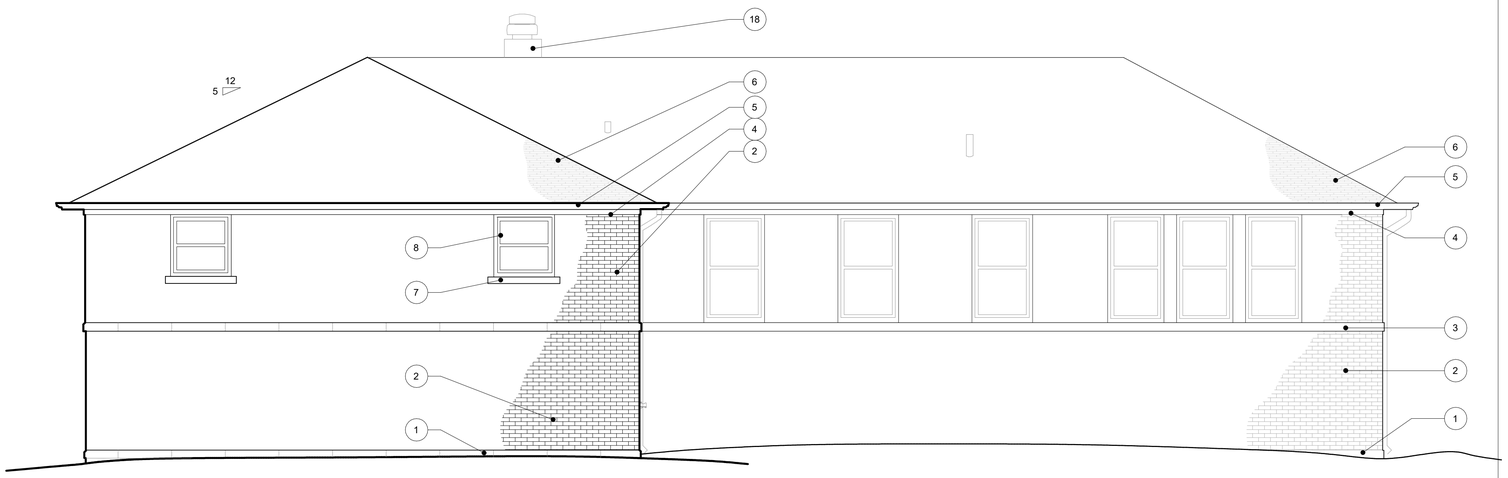


1 BUILDING ELEVATION
1/4" = 1'-0"

1. Administration block, view northeast

2. Administration block, west elevation, view east

3. 1990 southwest addition, view north

4. Administration block, southeast corner, view northwest

5. Administration block, east and north elevations, view southwest

6. Infirmary, first division, east wing, view west

7. Infirmary, courtyard between the east wings of the first and second division, view west

8. Infirmary, first and second division, east wings, view west

9. Infirmary, second and third divisions, east wings, view south

10. Infirmary, third division, east wing, southeast and southwest elevations, view northwest

11. 1990s infill between west wings of the infirmary's first and second division, view northeast

12. Infirmary, west wings, view south

13. Administration block, first floor, south vestibule, view south

14.Administration block, first-floor lobby, view north

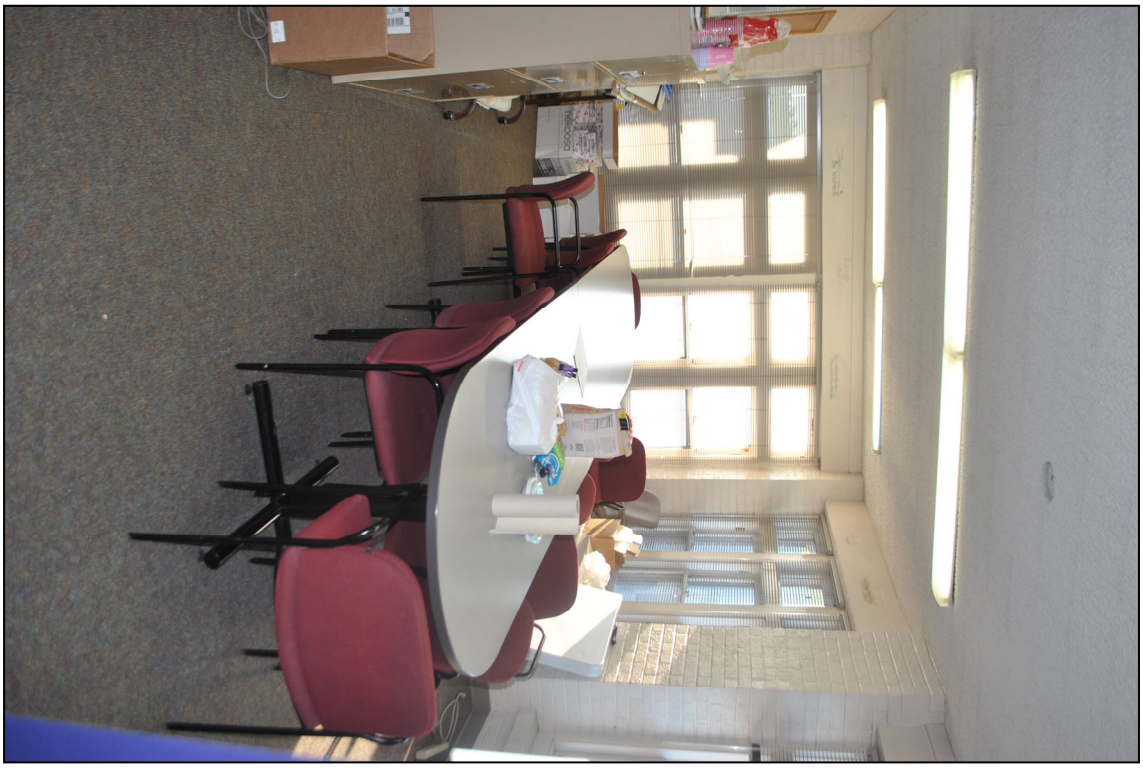
15. Administration block, first floor, principal stair, view northeast

16. Administration block, first floor, west stairwell, view west

17. Administration block, principal stair, second-floor landing, view southwest

18. Administration block, second-floor reception area, view south

19. Administration block, entry to south sun porch, view south



20. Administration block, second-floor sun porch, view east

21. Administration block, staircase to basement, view east

22. Administration block, basement, north-center room, view north

23. Administration block, basement research laboratory, view northeast

24. Administration block, basement research laboratory, view south

25. Infirmary—central corridor, view north

26. Infirmary—central corridor view south from third division entrance

27. Infirmary, first division, entrance to east wing, view northeast

28. Infirmary, first division, east wing—reception room, view southeast

29. Infirmary, first division, east wing—reception room, view west

30. Infirmary, first division, east wing—corridor, view southeast

31. Infirmary, first division, east wing—corridor, view east

32. Infirmary—entrance to third division, view north

33. Infirmary, third division—center reception room, view northeast

34. Infirmary, third division—center reception room, view southwest

35. Infirmary, third division, west wing—corridor, view west

36. 1990s infill between west wings of first and second divisions—northwest lobby, view southwest

37. 1990s infill between west wings of first and second divisions—northwest lobby, view northeast

38. Infirmary, first division, west wing—reception desk at center corridor, view north-east

39. Ramp connecting west wing of first division with 1990s southwest addition, view southeast

40. 1990s southwest addition, reception area, view southwest

41. Staircase to basement community room in 1990s infill addition, view northeast

42. 1990s infill addition between west wings of first and second division—basement conference room, view southwest