

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Name of Property

County and State

Name of multiple listing (if applicable)

Section number _____ Page 1

Supplementary Listing Record

NRIS Reference Number: SG100002380

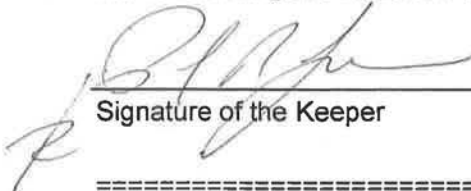
Date Listed: 6/4/2018

Property Name: Napa County Infirmary

County: Napa

State: CA

This Property is listed in the National Register of Historic Places in accordance with the attached nomination documentation subject to the following exceptions, exclusions, or amendments, notwithstanding the National Park Service certification included in the nomination documentation



Signature of the Keeper

6/4/2018

Date of Action

Amended Items in Nomination:

Classification:

The Resource Count total for contributing resources should read: 4.
The block for Previously Listed in the National Register should read: 0

Functions:

The Historic Functions should read: *Domestic-Institutional Housing; Health Care-Hospital; and Government-Government Office.*

Significance:

Engineering is removed as an area of significance.
[The current documentation does not support the significance of the buildings' use of reinforced concrete construction as a unique engineering advancement. The context is best characterized under the comprehensive umbrella of Architecture.]

Geographical Data:

The correct acreage should read: 3 acres
The Verbal Boundary Description is amended to add: *See Figure 1.* [Revised Figure 1 is attached]

The CALIFORNIA SHPO was notified of this amendment.

DISTRIBUTION:

- National Register property file
- Nominating Authority (without nomination attachment)

Napa County Infirmary Historic District

Napa, California
County and State

Name of Property

Photo #27 (CA_Napa County_Napa County Infirmary_0027)
Interior, Hospital/Dining Room Building showing view into kitchen, camera facing south
Photograph 27 of 30

Photo #28 (CA_Napa County_Napa County Infirmary_0028)
Interior, Hospital/Dining Room Building from southwest showing original window casing
and baseboards, camera facing northeast
Photograph 28 of 30

Photo #29 (CA_Napa County_Napa County Infirmary_0029)
Interior, Hospital/Dining Room Building from west showing rear porch, camera facing east
Photograph 29 of 30

Photo #30 (CA_Napa County_Napa County Infirmary_0030)
Interior, Hospital/Dining Room Building from east showing small bedroom, camera facing
west
Photograph 30 of 30

Point

Point

4



Point

Point

3

Figure 1: Location Map with Latitude and Longitude (rough center of district).



Boundary and Coordinate map

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

1. Name of Property

Historic name: Napa County Infirmary

Other names/site number: _____

Name of related multiple property listing:

N/A

(Enter "N/A" if property is not part of a multiple property listing)



2. Location

Street & number: 2344 Old Sonoma Road

City or town: Napa State: CA County: Napa

Not For Publication: Vicinity:

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,


I hereby certify that this X nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property X meets ___ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

___ national ___ statewide X local

Applicable National Register Criteria:

X A ___ B X C ___ D

	<u>3/19/18</u>
Signature of certifying official/Title:	Date
<u>California Historic Preservation Officer</u>	
State or Federal agency/bureau or Tribal Government	

In my opinion, the property ___ meets ___ does not meet the National Register criteria.	
Signature of commenting official:	Date
Title :	State or Federal agency/bureau or Tribal Government

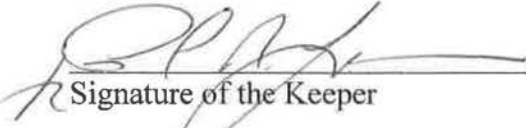
Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

4. National Park Service Certification

I hereby certify that this property is:

- entered in the National Register
- determined eligible for the National Register
- determined not eligible for the National Register
- removed from the National Register
- other (explain:)


Signature of the Keeper

6/4/2018
Date of Action

5. Classification

Ownership of Property

(Check as many boxes as apply.)

- Private:
- Public – Local
- Public – State
- Public – Federal

Napa County Infirmery Historic District
Name of Property

Napa, California
County and State

Category of Property

(Check only **one** box.)

- Building(s)
- District
- Site
- Structure
- Object

Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>3</u>	<u>3</u>	buildings
<u>1</u>	<u> </u>	sites
<u> </u>	<u> </u>	structures
<u> </u>	<u> </u>	objects
<u>7</u>	<u> </u>	Total

Number of contributing resources previously listed in the National Register

6. Function or Use

Historic Functions

(Enter categories from instructions.)

HEALTH CARE/public hospital, nursing home
GOVERNMENT/county infirmary-poor farm

Current Functions

(Enter categories from instructions.)

VACANT/NOT IN USE

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

7. Description

Architectural Classification

(Enter categories from instructions.)

LATE 19TH AND EARLY 20TH CENTURY REVIVALS – Mission
LATE VICTORIAN – Queen Anne

Materials: (enter categories from instructions.)

Principal exterior materials of the property:

Foundations: concrete

Walls: Stucco, sandstone

Roofs: Asphalt shingle

Other: Wood, brick

Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

The Napa County Infirmary Historic District Consists of three hospital and dormitory buildings arranged facing a crescent-shaped drive. The district is sited on the north side of Old Sonoma Road roughly 1.5 miles southwest of downtown Napa. The mixed-use neighborhood lies just east of the freeway, and is characterized by modest-sized single family residences on the side streets, most of which were constructed over the course of the twentieth century. Old Sonoma Road (formerly the highway leading to Sonoma) is an arterial street and features institutional and commercial development, including Juvenile Hall immediately west of the Infirmary, apartments, a storage warehouse, a school, and a small shopping center. The historic district itself has 3 contributing resources including the Men’s Building, Hospital, and Women’s Building. The reinforced-concrete buildings feature Mission architecture including hipped roofs with wide eaves, dormers, and decorative shaped rafter tails; smooth stucco cladding; and some arched window openings. They are arranged to face the crescent-shaped front drive, which is landscaped with grass and a row of street trees. The district retains integrity of location, design, setting, materials, workmanship, feeling, and association.

Narrative Description

Site Overview

Napa County Infirmary was established in 1869 on what was then a 20-acre parcel west of Napa’s city limits. The site chosen was on the road to Sonoma about 1.5 miles from the small, densely developed downtown, and the neighborhood was farmland with a few scattered houses.

Napa County Infirmary Historic District

Napa, California

Name of Property

County and State

Beeby Robinson & Son constructed the first building on the site. Napa County Infirmary was the only public institution that offered help to the indigent, and was largely self-sufficient since the inmates grew most of their own food on the expansive property.

In July 1897, County Supervisors funded a new a two-story stone hospital building at the site. From the late-nineteenth century through the early decades of the twentieth century, the number of inmates at the County infirmary fluctuated from about 40 to about 50. Most were elderly, many mentally ill and a number physically and/or mentally disabled.

In 1912, the Napa County Supervisors appropriated \$15,000 for expansion, and in February the authorized William H. Corlett to draw up plans for two detachable cottages. In April 1912, Corlett presented drawings for separate Men's and Women's Buildings, "substantial concrete structures" that would be arranged to flank the main building and to face the already-existing curved drive into the property. The buildings appear to have been inspired by the "cottage plan" for hospitals, asylums, and orphanages that gained popularity in the late nineteenth century as an attempt to provide a more home- or village-like environment for institutionalized people. The Weekly Calistogian described the single-story buildings as having broad verandahs, sunny dormitories, and modern bathrooms. The architecture was to be Mission style, with tiled roofs.¹

By 1929, the County had still not constructed the new main hospital building that had been planned on the site since 1910. Finally, in early 1934, the federal government funded a project to convert the old 2-story main building into a 1½ -story structure that matched the two "new" cottages.²

The Infirmary continued to serve 40-50 residents through the 1930s and 1940s. During the 1950s, the institution's poor farm function began to decline as Social Security and other federal benefits reduced the number of indigent local people that the County needed to care for. Meanwhile, fewer elderly people were cared for at home, so its function as a convalescent hospital for the permanently bedridden had become more important. The County began discussing whether the Infirmary should be permanently shuttered, or whether it should become licensed as a nursing home. By 1960, it had 60 residents.³

In 1962, the County Infirmary became a licensed nursing facility for the elderly. Use of the County Infirmary as a convalescent home was phased out in 1973. The old buildings no longer met state nursing home codes, and the County dispersed its 42 remaining patients. The County

¹ United States. Bureau of the Census, "Paupers in Almshouses," Government Printing Office, Washington: 1915, 48; Napa Weekly Journal, 16 October 1910, 5; Architect and Engineer, "Prospective Country Work," October 1910, 95; Napa Weekly Journal, 16 February 1912.

² The Weekly Calistogian, 18 March 1924, 1, 22 February 1929, 2, 1 November 1929; Napa Daily Journal, 15 December 1933, 1, 31 December 1933, 1.

³ The Weekly Calistogian, 22 February 1935, 1, 1 March 1935, 1; U.S. Census Records, Napa, California, 1930, 1940; Napa Register, 13 August 1971, 3A; Napa Register, 20 July 1983, 12; Napa Register, "County Infirmary Falls into Public Spotlight," 26 November 1960, 2.

Napa County Infirmary Historic District

Napa, California

Name of Property

County and State

converted the campus to alcohol treatment and mental health services buildings, and its name was changed to Napa County Health and Human Services.⁴

Current Conditions and Character-defining Features

The site is characterized by the curving drive that encloses the landscaped crescent-shaped area adjacent to the sidewalk, and the three early-twentieth century buildings oriented toward that drive. The large lawn with row of street trees at its southern edge is the most visible element of the district for passersby. There are additional small areas of lawn, shrubs, and trees near the Mission-style buildings. The buildings themselves feature low horizontal massing (although they are 1 ½ stories above raised basements); smooth stucco cladding; and hipped roofs with wide eaves, shaped rafter tails, and decorative dormer windows. The center building (Building B) has complex modified U plan formed by two attached buildings: a symmetrical hipped-roof main volume connected by a passageway to an older building with a rear gable-on-hip. Buildings A and C, which are oriented non-orthogonally to the east and west ends of the curving drive, are symmetrical and identical to one another in form and massing. The three buildings are united by site plan with their non-orthogonal orientation to the crescent landscape feature, simple Mission architectural features, and reinforced concrete construction.

Constructed in 1912 and 1934, the buildings represent Napa County's need to bring its only public charitable institution up to date in order to meet the needs of a growing indigent population and conform to changing institutional standards in the twentieth century. They are groundbreaking local examples of two important architectural trends: cottage-plan institutional development and use of reinforced concrete in building construction. All three were purpose-built for use at the Napa County Infirmary (informally known as the poor farm) during the Period of Significance.

Character-defining features of the Historic District:

- Crescent-shaped landscaped area
- Non-orthogonal site plan oriented to curved drive
- Reinforced concrete construction
- Mission architectural features:
 - Hipped roof with wide eaves, shaped rafter tails, and decorative dormers
 - Smooth stucco cladding
 - Low horizontal massing
 - Arched openings
- Cottage Plan institutional features:
 - Low-slung residential-scale buildings
 - Informal domestic-style building elements (porches, dormer windows)
 - Site layout inspired by unplanned rural villages
 - Separate residential buildings for men and women

⁴ Napa Register, "Infirmary is Given a License," 5 December 1962, 1; "Supervisors Ponder Infirmary Conversion," 2 May 1973, 1.

Napa County Infirmary Historic District

Name of Property

Napa, California

County and State

Contributing Resources

1. Men's Building (Building A)
2. Hospital/Dining Room Building (Building B)
3. Women's Building (Building C)
4. Crescent Drive

District Integrity

The integrity of the Napa County Infirmary Historic District is assessed below by assessing the seven principal aspects of integrity that affect its significance. Note that although the oldest portions of the Hospital Building date to 1897, it retains integrity to its 1934 remodeling.

Location

The Historic District retains integrity of location. The industrial core of the site retain its original relationship with the waterfront. Buildings remain in their historic locations, retaining their original spatial relationships within the site, including the Manager's Residence which is behind the industrial area on the hillside.

Design

The Historic District's design is most strongly expressed through the grouping of three buildings around the crescent lawn. The east and west buildings (Men's Building and Women's Building) were designed by important local architect W.H. Corlett and completed in 1912. They represent a very early use of reinforced concrete construction, which was technologically innovative during this period and not commonly adopted in Northern California until the 1920s. Corlett demonstrated a practiced architect's ability to blend the utilitarian qualities of this extremely durable material with fashionable Mission architecture, creating a complex to house Napa's elderly and indigent that was an attractive as well as extraordinarily disaster-resistant. The center building was extant when Corlett designed his dormitory buildings, and was remodeled in the 1930s to match their Mission design. The spatial relationships between the buildings and the crescent drive as well as their low massing demonstrate the first regional development of a cottage plan institution, a progressive form of building plan later adopted by the Napa Asylum and Sonoma Home. Changes over its century of use have resulted in partial loss of Mission design features such as tiled roofs, wood-sash windows, and some arched openings. However, the buildings retain their horizontal massing, domestic scale, smooth concrete or stucco cladding, and decorative features such as dormer windows and shaped rafter tails. In addition, they retain their non-orthogonal layout facing the crescent drive, an important feature of cottage plan institutional architecture. Therefore the buildings retain integrity of design despite some alterations.

Setting

The area around the Historic District gradually developed as a residential neighborhood during the twentieth century, resulting in some loss of the historic rural setting outside the Infirmary grounds. The infirmary grounds themselves, however, has retained the open quality that dates to the property's nineteenth century origins as the poor farm. The buildings are set well back from Old Sonoma Road and oriented to the driveway that curves around the crescent-shaped lawn, a

Napa County Infirmary Historic District

Napa, California

Name of Property

County and State

landscape feature that has defined the entrance to the property since at 1880 or earlier. The Historic District therefore retains sufficient integrity of setting to convey its significance.

Materials

The Historic District has suffered some loss of integrity of materials, most notably wood-sash windows and tile roofs. The reinforced concrete construction of the buildings (which was groundbreaking for Napa County when they were built) has been retained, along with stucco cladding, cut stone construction and decorative shingle siding at the rear of the hospital building, and some original wood sash windows. Interior materials such as baseboards, mouldings, and window casings have all been retained. Despite some significant losses, the district strongly conveys its historic identity as a cottage plan public institution through its materials.

Workmanship

The Historic District retains integrity of workmanship across periods and styles of construction. The 1912 buildings are examples of early reinforced concrete workmanship with use of Mission style architecture that demonstrates high levels of mastery. The hospital/dining room building exhibits both the Victorian-period workmanship of its oldest (northwest) section and 1930s-era workmanship for the portions of the building near the drive. The periods of workmanship exhibited in these buildings express the span of the site's heritage.

Feeling

The Historic District strongly evokes the feeling of a historic cottage plan institution. The oldest surviving features (rear of hospital building and crescent drive) alongside the 1912 and Depression-era buildings express the site's historic function and development over half a century. The Historic District's integrity of location, design, setting, materials, and workmanship combine to express the site's theme of a county infirmary.

Association

The Historic District retains integrity of association as a county infirmary. It operated continuously as a home for the elderly and indigent from the 1870s through the early 1962. (Its later uses after the end of the period of significance were also associated with public social services and health care.) Contributing resources on the site are associated with its earliest development as well as subsequent important periods of change and expansion that marked its history through the late twentieth century.

Resource Descriptions

All resources located within the boundaries of the Napa County Infirmary Historic District are described in the following narrative.

HISTORIC DISTRICT CONTRIBUTORS

District contributors, which are described below, were constructed between 1897 and 1934.

Men's Building (1912)

Napa County Infirmary Historic District

Name of Property

Napa, California

County and State

Physical Description

The 1 ½-story rectangular-plan building is located near the western boundary of the site, and is oriented toward the curved drive that encloses the crescent-shaped lawn between the Infirmary Buildings and Old Sonoma Road. Its composition shingle roof is hipped, with three hipped-roof dormers, wide eaves, and decorative shaped rafter tails. The dormers are fitted with an assemblage of two four-light wood-sash windows flanking a six-light center window, and their small hipped roofs have their own diminutive shaped rafter tails. Tall rectangular windows are paired or in groups of three on the first floor, and have been fitted with vinyl replacement sash. Small horizontal windows at the basement level are directly below first-floor windows, and retain original four-light wood sash. The building is clad in smooth plaster stucco, with a simple beltcourse around the entire building separating the first floor from the raised basement. The main entryway is centered on the southeast elevation and fitted with a partially-glazed metal door. It is accessed via a set of concrete steps with metal balustrade. A secondary entrance on the northeast elevation has a similar door and has an accessible ramp with horizontal railing. There is a third entrance at the western corner of the northwest (rear) elevation, which is accessed via a set of wooden steps. Three arched openings at the rear elevation have been infilled.

Interior: Interior access is limited due to earthquake damage and the abandonment of the property, but where accessible the building retains much of its original interior fabric. Dropped acoustic ceilings and fluorescent lights have been installed, but the unpretentious “home-like” decorative elements associated with cottage plan institutional architecture remain: wooden baseboards, simple decorative window casings, paneled wood doors, and wood sash transoms over some doors.

Historic Use

The site was in use as a County Infirmary beginning in 1869. The Men’s Building was purpose-built in 1912 to house male residents of the County Infirmary in accordance with the progressive tenets of cottage plan institutional architecture, which advocated separate residential buildings for men and women with domestic scale and style. It originally had a sitting room, three large dormitory rooms, three small bedrooms, and shared bathroom facilities. The building remained in use as a dormitory for men through 1962.

Hospital/Dining Room Building (1897, 1934)

Physical Description

The 1 ½-story building is at the center of the site, flanked by the Men’s and Women’s Buildings and oriented toward the top of the curved drive. Its compound plan forms an irregular “U” with the rectangular-plan 1897 hospital building at the west and the larger square-plan 1934 building at the east connected by a rear corridor. Its composition shingle roof is hipped except for a gable at the rear of the old hospital wing. The 1934 section of the building was designed to match the architectural features of the 1912 Men’s and Women’s Buildings. It has a hipped roof with a parapet that shields large HVAC equipment from view on its flat top, three hipped-roof dormers, wide eaves, and decorative shaped rafter tails. The dormers are fitted with an assemblage of two four-light wood-sash windows flanking a six-light center window, and their small hipped roofs have their own diminutive shaped rafter tails. Tall rectangular windows on the first floor have

Napa County Infirmary Historic District

Napa, California

Name of Property

County and State

been fitted with vinyl replacement sash, except at the rear (north) elevation, where several retain original eight-over-four wood sash. There are occasional vents rather than windows at the basement level. The building is clad in smooth plaster stucco, with a simple beltcourse around the entire building separating the first floor from the raised basement. The main entryway is centered on the south elevation in a projecting entry volume with its own hipped roof. It is accessed via double-sided steps enclosed in a low parapet and fitted with a partially-glazed metal door topped by an arched transom. The door is flanked by two arched windows. There are similar windows on the east and west elevations of the entry volume. There is a secondary entrance, accessed via a set of concrete steps with metal balustrade, on the east elevation, near adjacent to a hipped-roof projecting volume. The rear portion of the east elevation is obscured by small flat-roofed storage and electrical buildings. A partially enclosed porch at the rear of the building features three original wood sash windows. It is accessed via doors at the east and west. The east door is accessed via a set of wooden steps and is fitted with an original partially glazed wood panel door. A long accessible ramp leads to the west entryway to the porch. There is a small projecting mechanical room at ground level with its own gabled roof and a paneled wood door. A similar mechanical room at the west elevation (which faces the small courtyard formed by the rear connecting wing and old hospital building) has a partially glazed wood panel door.

The old hospital building was substantially remodeled and enlarged in 1934 to match the other buildings and features a hipped roof with decorative shaped rafter tails, tall rectangular windows, and smooth stucco cladding. The building retains integrity to the 1934 remodeling. Its main entryway is centered on the south elevation and fitted with a partially-glazed metal door. Concrete steps lead to the door from the west, with an accessible ramp from the east. In contrast to the other buildings, it rests on a cut stone foundation, which reveals its nineteenth-century origin. The west elevation is stucco clad on its south end and cut stone from about 15 feet back to the projecting volume at the northwest corner of the building. Some of the stone has fallen away since the 2014 earthquake. The projecting volume has a hipped roof that ties into the main roof, stucco cladding, and cut-stone foundation. At the north, the original 1897 gable end above the lower hipped roof features Victorian-period decorative elements: decorative shingle siding, dentil molding at the cornice, and paired two-over-two wood sash windows. Interior: Interior access is limited due to earthquake damage and the abandonment of the property, but the 1934 section of the building appears to retain much of its original interior fabric despite rearrangement of spaces over the decades. Dropped acoustic ceilings and fluorescent lights have been installed, but the unpretentious “home-like” decorative elements associated with cottage plan institutional architecture remain: wooden baseboards, simple decorative window casings, paneled wood doors, and wood sash transoms over some doors.

Historic Use

The west section of the building was in use as a hospital beginning in 1897, when it was constructed, and continued in that use after the 1934 remodel. The larger section to the east appears to have replaced the even older original main building. It became the dining room and main administration building in 1934 when it was constructed and remained in use until 1962.

Women's Building (1912)

Physical Description

Napa County Infirmery Historic District

Napa, California

Name of Property

County and State

The 1 ½-story rectangular-plan building is located near the eastern boundary of the site and is oriented toward the curved drive that encloses the crescent-shaped lawn between the Infirmery Buildings and Old Sonoma Road. Its composition shingle roof is hipped, with three hipped-roof dormers, wide eaves, and decorative shaped rafter tails. The dormers are fitted with an assemblage of two four-light wood-sash windows flanking a six-light center window, and their small hipped roofs have their own diminutive shaped rafter tails. Tall rectangular windows are paired or in groups of three on the first floor, and have been fitted with vinyl replacement sash. Small horizontal windows at the basement level are directly below first-floor windows, and retain original four-light wood sash. The building is clad in smooth plaster stucco, with a simple beltcourse around the entire building separating the first floor from the raised basement. The main entryway is centered on the southeast elevation and fitted with a partially-glazed metal door. It is accessed via a set of concrete steps with metal balustrade. A secondary entrance on the northeast elevation has a similar door and has an accessible ramp with horizontal railing. There is a third entrance at the western corner of the northwest (rear) elevation, which is accessed via a set of wooden steps. Three arched openings at the rear elevation have been infilled.

Interior: Interior access is limited due to earthquake damage and the abandonment of the property, but where accessible the building retains much of its original interior fabric. Dropped acoustic ceilings and fluorescent lights have been installed, but the unpretentious “home-like” decorative elements associated with cottage plan institutional architecture remain: wooden baseboards, simple decorative window casings, paneled wood doors, and wood sash transoms over some doors.

Historic Use

The site was in use as a County Infirmery beginning in 1869. The Men’s Building was purpose-built in 1912 to house female residents of the County Infirmery in accordance with the progressive tenets of cottage plan institutional architecture, which advocated separate residential buildings for men and women with domestic scale and style. Although original interior plans have not been discovered, its footprint is identical to the Men’s Building. Therefore, it is likely that it originally had a sitting room, three large dormitory rooms, three small bedrooms, and shared bathroom facilities. The building remained in use as a dormitory for women through 1962.

Crescent Drive

Physical Description

The three contributing buildings on the site are oriented toward a curving drive that encloses a crescent-shaped landscaped area adjacent to the street. The drive is paved with asphalt, and bounded on both sides with perpendicular parking area. It is planted with lawn, and row of mature trees marks the boundary between the lawn area and the sidewalk.

Historic Use

The site was in use as a County Infirmery beginning in 1869. The crescent drive and the landscaped area it encloses are the oldest extant features of the site, and appear on historic maps dating from the 1880s. The drive was used for carriages and wagons approaching the buildings,

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

and the landscaped area provided a buffer between the buildings and the street and open space for the residents.

HISTORIC DISTRICT NONCONTRIBUTORS

Building D (Adult Mental Health)

The T-shaped single-story building has a flat roof and vertical-groove plywood siding. It was installed c2000 to house the County's emergency psychiatric services. It was constructed outside the Period of Significance and is unrelated to the property's historic use as a County Infirmary. The modular building is not architecturally significant. For these reasons, the building is a noncontributor to the historic district.

Building E (Quality Improvement)

The rectangular-plan single-story building has a very low-pitch gabled roof and vertical-groove plywood siding. It was installed c2000 to provide additional office space for Napa County Health and Human Services. It was constructed outside the Period of Significance and is unrelated to the property's historic use as a County Infirmary. The modular building is not architecturally significant. For these reasons, the building is a noncontributor to the historic district.

Building F (Next Step Vocational Program)

The rectangular-plan single-story building has a flat roof and vertical-groove plywood siding. It was installed c2000 for use as offices for a vocational program at Napa County Health and Human Services. It was constructed outside the Period of Significance and is unrelated to the property's historic use as a County Infirmary. The modular building is not architecturally significant. For these reasons, the building is a noncontributor to the historic district.

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A. Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B. Property is associated with the lives of persons significant in our past.
- C. Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D. Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

- A. Owned by a religious institution or used for religious purposes
- B. Removed from its original location
- C. A birthplace or grave
- D. A cemetery
- E. A reconstructed building, object, or structure
- F. A commemorative property
- G. Less than 50 years old or achieving significance within the past 50 years

Areas of Significance

(Enter categories from instructions.)

HEALTH/MEDICINE
SOCIAL HISTORY
ARCHITECTURE
ENGINEERING

Napa County Infirmery Historic District
Name of Property

Napa, California
County and State

Period of Significance

1912 – 1962

Significant Dates

1912
1934
1962

Significant Person

(Complete only if Criterion B is marked above.)

Cultural Affiliation

Architect/Builder

W.H. Corlett, Architect
E.W.Doughty, Contractor
E.W. Arnitz, Construction Supervisor

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

Napa County Infirmery Historic District is eligible for the National Register of Historic Places under Criteria A and C. Napa County Infirmery is significant at the local level as a district that represents a distinctive entity in which institutional requirements were blended with aesthetic considerations to produce an attractive campus. The Historic District is significant under Criterion A at the local level for its association with the development Napa County's government institutions during the nineteenth century and the subsequent growth of local government in response to population growth. The period of significance begins in 1912 with the construction of the two reinforced-concrete dormitory buildings flanking the main buildings on the site. The period of significance ends in 1962, when the institution ceased to function as a County Infirmery after the establishment of state and federal assistance programs lessened the need for locally funded charity medical care. The Historic District is also eligible at the local level for its

Napa County Infirmary Historic District

Napa, California
County and State

Name of Property

architecture for the period between 1912 and 1934. The three buildings and crescent landscape feature are linked by plan and use and form a physical record of early-twentieth century institutional architecture. Its 1912 and 1934 buildings, designed by renowned local architect W. H. Corlett and constructed by E.W. Doughty and E.W. Arnitz, represent a very early use of technologically innovative reinforced concrete building construction and are the first regional examples of a progressive cottage plan institution. They are also excellent examples of Corlett's ability to blend utilitarian considerations such as fireproof construction and cost-consciousness with aesthetically distinctive buildings with Mission architectural features.

Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance.)

Background:

City of Napa

The Napa Valley was originally the home of Patwin people, who had a permanent town named Suscol along the Napa River before the arrival of Europeans, and Asochimi or Wappo people. In 1843, General Mariano Vallejo received Rancho Suscol from the Mexican government. The 84,000-acre rancho stretched from the vicinity of Suscol all the way south to the sites of Vallejo and Benicia. Nathan Coombs laid out Napa City (originally just a few blocks on the west side of the Napa River) in early 1848, and the town soon boasted a general store, grist mill, and saloon. A transitional period of military rule followed, but California's prospects of statehood were cemented after the Gold Rush in 1849 brought tens of thousands of American citizens to California. By 1850 steamships were navigating the Napa River and Napa County was established as one of the original California Counties. American farmers in Napa and Sonoma first focused on grain production before shifting to fruit-growing.⁵

In 1864, the railroad was extended to Napa County. Wheat was the most important crop in the early days of Napa's agricultural industry, and the first winery opened in the 1870s. The climate and soil were ideal for grapes and wineries proliferated in the Napa and Sonoma areas. As the county seat and head of navigation for the Napa River, the City of Napa was the center of business and government for Napa Valley, and the town expanded during the last decades of the nineteenth century. Phylloxera decimated the wine business around the same time, but by the turn of the century the pest had been contained. Nevertheless, during much of the early twentieth century fruit orchards were the most important crop in the region. The area around Downtown Napa continued developing outward in the first decades of the twentieth century. Prohibition had a devastating effect on the local economy, which had already become heavily wine-based by the 1920s. However, the production of alcohol, though stunted, continued throughout the era, and the tourism industry developed at this time as illegally produced liquor combined with sunny weather drew day-trippers up from San Francisco. World War II brought an influx of workers to

⁵ Stephen Powers, *Tribes of California*, Berkeley: University of California Press, 1976, 196; Lyman L. Palmer, *History of Napa and Lake Counties, California*, San Francisco: Slocum, Bowen, & Company, 1881, p.335; David Gardner, "Suscol, In Napa County: An Historic Report, 1835 – 1977," unpublished manuscript.

Napa County Infirmary Historic District

Napa, California

Name of Property

County and State

the Mare Island Naval Shipyard to the south, and population in Napa exploded as a result, almost doubling between 1940 and 1950.⁶

The popularity of Napa Valley wine tourism continued to grow over the next decades and was firmly cemented by the 1970s, but much of the industry shifted north, bypassing the city of Napa. Napa's downtown declined. Redevelopment efforts began at the start of the decade; in this era in Napa, they focused largely on demolition. For the next several decades, the downtown area would struggle through cyclical periods of renewal and deterioration as commercial development happened continually in other parts of town and revitalization attempts had unintended consequences. However, flood control projects gradually took over as the force shaping downtown Napa, beginning in 1998 (periodic flooding of the Napa River had been an issue since Napa's early days, and a severe flood in 1986 had devastated local businesses and killed three people). Over the course of the last decades, the city's extensive flood control work has reshaped the Napa River and Napa's downtown.⁷

Napa County Infirmary

Prior to construction of the Infirmary on Old Sonoma Road, a small building known as the County Hospital served the poor and sick near First Street and the Napa River. The Napa County Infirmary was established in 1869 on the current site, which was then a 20-acre parcel west of Napa's city limits. The site chosen was on the road to Sonoma about 1.5 miles from the small, densely developed downtown, and the neighborhood was farmland with a few scattered houses. The Board of Supervisors created a special tax to fund the Infirmary, and purchased the parcel in early 1869. They selected Beeby Robinson & Son to construct the first building on the site, which cost about \$9,000 and was complete that summer. Research has not revealed illustrations or photographs of this original building, but it appears to have been wood-frame with two stories and a front porch. Dr. W. Stillwagon was one of the first County Physicians, and received a salary of \$1,000 a year. John Kean was Superintendent, and earned \$900 annually. These positions turned over frequently during the Infirmary's first decades. County infirmaries were virtually the only government institution that assisted indigent elderly and ailing people in nineteenth-century California. The Napa County Infirmary was largely self-sufficient, and the inmates grew most of their own food on the expansive property. Informally referred to as a "poor farm," the Infirmary was a catchall destination for "the sick, the insane, the destitute, the aged, and the homeless unfortunates." In its first years, it generally cared for between twelve and fifteen patients at a time. The number of people it served and the expense of running it increased

⁶ William F. Heintz, *Wine Country: A History of Napa Valley, The Early Years: 1838 – 1920*, Santa Barbara: Capra Press., 1990, 40; Frank A. Leach, *Recollections of a newspaperman: A Record of Life and Events in California*, San Francisco: Samuel Levinson, 1917, 59; Donald S. Napoli, National Register of Historic Places Registration Form, Napa Abajo/Fuller Park Historic District, 1996, Section 7, 2; *Ibid.*, 4; Page & Turnbull, Inc., Historic Context Statement and Detailed Property Survey for the Soscol Gateway/East Napa Neighborhood, Prepared for Napa Community Redevelopment Agency, 2009, 3; Weber, Lin, *Roots of the Present: Napa Valley 1900 to 1950*, St. Helena, California: Wine Ventures Publishing, 2001, 148 – 175; *Ibid.*, 262 – 263; William James Ketteringham, "The Settlement Geography of the Napa Valley," Master's thesis, Stanford University, 1967, 196.

⁷ David Kernberger, *Mark Strong's Napa Valley*, St. Helena: Historic Photos, Publishers, 1978, 21, 23 – 25; Lauren Coodley, *The Transformation of an American Town*, Charleston: Arcadia Publishing, 2003.

Napa County Infirmary Historic District

Name of Property

Napa, California

County and State

year by year during the late nineteenth century. By 1894, its population of inmates had grown, and a Grand Jury recommended rigid enforcement of the requirement that able-bodied residents of the institution work the farm. It also recommended refusing accommodation to anyone whose family could care for them. The institution was costing the County about \$3,400 a year, with \$1,440 going to the Superintendent's salary.⁸

Criterion A: Development and Use of Napa County Infirmary

In July 1897, County Supervisors decided to add a hospital building to the site. The contract for the new building went to Newman & Wing, a company that built many of Napa County's stone bridges. Constructed of ashlar masonry, the building looked had decorative shingle siding and dentil molding at its gables, with a porch at the front. It was sited about 50 feet west of the original building. The new building's purpose was to isolate contagious inmates from those who were not ill and to secure the violently insane (who would be held briefly before transfer to the Napa Asylum). It had a dormitory, operating room, sun bath, bathroom, and cells for the mentally ill. Its residents were commonly referred to as "inmates," and indeed people were sometimes sentenced to periods of confinement, often when suspected of mental illness. The two-story wood-frame original building at the center of the site was retained, and continued in use as a dining room and probably day rooms and additional dormitory space. By 1901, the two adjacent buildings had been joined by a corridor at the rear, and there was also a small addition at the stone hospitals northwest corner.⁹

From the late-nineteenth century through the early decades of the twentieth century, the number of inmates fluctuated from about 40 to about 50. Most were elderly, many mentally ill and a number physically and/or mentally disabled. A handful of patients died in the infirmary each year – for example 9 in 1897. Quintus C. Fly became its superintendent in 1889, and served in the role until 1909. Prior to running the Infirmary, the Missouri native had farmed in Napa County, which was probably good training for operating the working farm at the infirmary. In 1900, Fly lived on the superintendent's residence on Infirmary property with his wife Lizzie and son Boon. The 42 inmates in his charge were all white, and the majority were elderly men: retired laborers and farmers who lacked the resources to live independently. During this period, the main building was enlarged, fire escapes added for safety, a stone building constructed, and operating rooms added. In 1909, the Board of Supervisors did not renew Fly's contract, replacing him with Edward L. Webber. Webber was 28 years old, and the son of County Supervisor J.L. Webber of Yountville. He appears to have held the post until 1913, when Irving Gamble took over the position.¹⁰

⁸ Thomas Jefferson Gregory, *History of Solano and Napa County California*, Historic Record Company, Los Angeles: 1912, 145; Weekly Calistogian, 7 January 1898, 1; Napa Register, "The Infirmary," 30 October 1891; Napa Daily Journal, 17 July 1894.

⁹ Weekly Calistogian, 23 July 1897.

¹⁰ Thomas Jefferson Gregory, *History of Solano and Napa County California*, Historic Record Company, Los Angeles: 1912, 847-848; U.S. Census Records, Napa, California, 1900; U.S. Census Records, Napa, California, 1910; Napa Register, 12 March 1913, 1, 2 April 1909, A3, 14 April 1912, A3.

Napa County Infirmary Historic District

Napa, California

Name of Property

County and State

In 1910, the County Infirmary housed 47 people, a majority of whom were foreign-born. Its population had diversified as it grew: there were 10 women and 2 people recorded as “colored” in the institution. Napa County Supervisors began studying the question of whether another new infirmary building was required in 1910. The two dormitory buildings that resulted from this process (the buildings oriented toward the crescent drive) were constructed during Webber’s brief tenure as Superintendent. In October Architect and Engineer announced that Napa County was considering plans for the County Infirmary. By 1912, the County had appropriated \$15,000 for the expansion, and in February the Board of Supervisors authorized William H. Corlett to draw up plans for two detachable cottages. In April 1912, Corlett presented drawings for separate Men’s and Women’s Buildings, “substantial concrete structures” that would be arranged to flank the original wood-frame building (1869) and the adjacent stone hospital building (1897) and to face the already-existing curved drive into the property. The Weekly Calistogian described the single-story buildings as having broad verandahs, sunny dormitories, and modern bathrooms. The architecture was to be Mission style, with tiled roofs.¹¹

The buildings appear to have been inspired by the “cottage plan” for hospitals, asylums, and orphanages that gained popularity in the late nineteenth century as an attempt to provide a more home- or village-like environment for institutionalized people. Corlett’s new infirmary buildings were 1 ½ stories over a raised basement (compared to the more vertically-massed older buildings on site) and featured domestic-style details like dormer windows and verandahs. Their unusual non-orthogonal layout and orientation toward the crescent drive rather than the street was an innovation (the buildings they replaced had been laid out in a straight line and faced the street) that suggested an unplanned rural village. Initial bids for construction of the two cottages came in between \$19,000 and \$20,000, and the Board of Supervisors decided to request new drawings in order to keep the project within its \$15,000 budget. The Supervisors awarded the contract to E.W. Doughty in July, apparently after materials were altered and Doughty submitted a bid of \$13,399. By August, construction was underway and Superintendent Webber’s residence was being moved to make room for the two cottages. The following March, Corlett reported to the Board of Supervisors that construction on the two cottages was complete except for the toilets.¹²

Ervine W. Doughty was a well-established local contractor by the second decade of the twentieth century. Active between the late 1890s and about 1930, he constructed many of Napa’s best-known and most enduring buildings. He was born in Maine 1868, and relocated to Napa while still in his teens, where he initially worked as a carpenter. He married Emma Elkington about 1896, and the couple had a son and a daughter. Doughty built the Noyes Mansion, Hunter-Prouty house and many other large residences in Napa. Napa commercial and institutional buildings credited to Doughty include St. Mary’s Episcopal Church, the Goodman Library, the Southern Pacific Depot, and the Napa Register block. He also built dormitories at the University Farm

¹¹ United States Bureau of the Census, “Paupers in Almshouses,” Government Printing Office, Washington: 1915, 48; Napa Weekly Journal, 16 October 1910, 5; Architect and Engineer, “Prospective Country Work,” October 1910, 95; Napa Weekly Journal, 16 February 1912.

¹² Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States*, University of Minnesota Press, Minneapolis: 2007, 79; Weekly Calistogian, 24 May 1912, A3; Napa Daily Journal, 21 July 1912, 5, 6 August 1912, 1; Napa Daily Journal, 13 March 1913, 2.

Napa County Infirmary Historic District

Napa, California

Name of Property

County and State

(UC Davis) and worked at UC Berkeley. A local history published in 1926 credits him with designing many residential projects, praising his “artistic turn of mind.” He constructed many of Corlett’s designs including the 1909 Napa High School building and the Napa County Hall of Records. Working in concrete appears to have been a specialty: in addition to Corlett’s notable Infirmary and Hall of Records buildings, Doughty built his own house of concrete in 1918.¹³

Charles Steere succeeded Webber as Superintendent about 1914. Steere had been an attendant as well as a store operator at the Napa Asylum and worked in a grocery store before taking the leadership role. By 1920, there were still about 50 residents (or inmates) at the infirmary. The population was still dominated by elderly white men; there were also a few women, a couple of young men, and four Chinese men. Well over half of the residents were foreign-born. The Chinese were most numerous, but there were also Canadians and immigrants from nearly every country in Western Europe. Charles Steere’s wife Annie was the Infirmary Matron. The couple lived on the property behind the Infirmary buildings with their two teenage daughters, and one of the Infirmary nurses boarded with them. A decade later, the number and demographic profile of the inmates had altered very little.¹⁴

In 1924, a grand jury called the main infirmary building (the original 1869 wood-frame building at the center of the site) a firetrap and called for its replacement. By 1929, the County had still not constructed the new main hospital building that had been planned on the site since 1910. The Weekly Calistogian denounced it as antiquated, a firetrap, and a menace to its residents, and called for a \$50,000 bond to construct a new building. A Grand Jury came to the same conclusion near the end of the year, finding the Infirmary clean and well-run but calling the main building a “disgrace,” “dark and dingy,” and “inconvenient.” Despite the economic malaise caused by the worsening Great Depression, the Napa Daily Journal called again for a new infirmary building in 1933. Finally, on the last day of the year, the Napa Daily Journal reported that renovations of the main building were about to begin.¹⁵

The old main building was to be replaced by a 1 ½ -story structure that matched the two “new” cottages, which were by this time 20 years old. The project budget was \$14,000, feasible due to federal aid provided under the auspices of the Civil Works Administration (CWA), one of the many federal job-creation programs of the era. The County of Napa would furnish \$5,000 worth of materials and a construction supervisor, while the CWA would fund \$2,500 in materials and 27 men to perform the work. After two decades of delay, the work was scheduled to begin only two days after the announcement. E.W. Arnitz, local building contractor, was in charge of the project, which was to be completed by April. In the 1920s, he formed Coffield & Arnitz with his father-in-law, which operated in Napa for decades. The hospital building Newman & Wing had

¹³ California Great Register of Voters, Napa, 1890; Anthony Kilgallin, *Napa, an Architectural Walking Tour*, Arcadia Publishing, Chicago: 2001, 65; San Francisco Call, “Start Work on New School,” 7 February 1909, 37:5; Building and Engineering News, “Contracts Awarded,” 16 June 1916, 16; Woodland Daily Democrat, 28 May 1908, 4; Harry Lawrence Gunn, *History of Napa County*, S.J. Clarke Publishing Co., Chicago: 1926, 466 – 467.

¹⁴ Napa City Directory, 1912; U.S. Census Records, Napa, California, 1910, 1920, 1930.

¹⁵ The Weekly Calistogian, 18 March 1924, 1, 22 February 1929, 2, 1 November 1929; Napa Daily Journal, 15 December 1933, 1, 31 December 1933, 1.

Napa County Infirmary Historic District

Napa, California

Name of Property

County and State

constructed in 1897 to the west of the original main building was retained and remodeled. Its south elevation retained only its cut-stone foundation; hipped roof, stucco cladding, and windows were remodeled to match the 1912 buildings. The rear of the 1897 hospital building kept its Victorian-period gabled roof, cut-stone walls, and embellishments. The 1869 wood-frame main building was demolished and replaced with the current building: lower in height and with a larger footprint. The new building, like the one it replaced, was connected by a rear corridor to the 1897 hospital, allowing them to function as two wings of a single building. The new wing was Mission style like the 1912 buildings, with a front veranda, stucco walls, and hipped roof with dormers. Treatment for ill residents remained in the smaller west wing and the rear corridor. The new center building held the kitchen and dining room as well as cells for violent or mentally ill residents.¹⁶

Research has not revealed plans or elevations for the 1934 construction. The vernacular, ad hoc characteristics of the hospital wing, with its Mission façade and Queen Anne north and west elevations, suggests that construction supervisor Arnitz prepared the plans based on practical considerations, remodeling the front to match the rest of the complex while frugally retaining existing footprint and materials. The main wing is a more cohesive design, with all four elevations matching materials and decorative elements of the restrained 1912 Mission buildings. Corlett may have prepared the plans in 1912 when he designed the other buildings, since the project was originally planned to be completed shortly after the dormitory buildings. Another possibility is that C.L. Hunt designed the 1934 main building. Clifford Leroy Hunt (1882-1967) worked as an architect in Napa between the 1920s and 1957, on projects including St. Mary's Episcopal Church and the Downtown Merrill's and Gordon buildings. Hunt prepared undated plans for a new main building that were never constructed, and remodeled the Infirmary dormitories c1936 in a project that enclosed the front verandas and changed the original arched openings to rectangular windows. Hunt also designed interior remodels, but they were limited in scope, changing the configuration of bathroom stalls but not the layout of interior rooms. About this time, a covered walkway with colonnade was constructed to connect the main building to the Women's Building.¹⁷

Budgetary limitations meant that conditions were spartan at the County Infirmary for both residents and staff. The institutional environment was also shaped by widespread ambivalence about government-funded charity: most members of the public wanted to make sure people were not starving in the streets, but they also wanted to be certain the poor were not coddled or encouraged to rely on the County. The work requirement for able-bodied residents was just one manifestation of this somewhat conflicted ideology. In the late 1920s, only two meals were served each day, although both were substantial, with a stew or hash along with plenty of bread and fruits and vegetables grown on the property. Pans filled with prepared food were set directly

¹⁶ Napa Daily Journal, 31 December 1933, 1; Weekly Calistogan, 19 January 1934, 1; U.S. Census, Napa, California, 1930; Napa City Directories, 1926, 1948.

¹⁷ C.L. Hunt, "Plot Plan," undated drawings on file at the Napa County Building Department; C.L. Hunt, "Alterations to Napa County Infirmary Building," undated drawings on file at the Napa County Building Department; Bright Eastman, DPR 523 Forms, The Napa County Infirmary Crescent Buildings, 6 February 1997; Napa Register, "Death Claims C.L. Hunt at Age of 85," 2 February 1967, 2.

Napa County Infirmary Historic District

Napa, California

Name of Property

County and State

on the floor for service, apparently because there was no better place for them. Critics complained that the heating system did not function properly, and the buildings were cold in winter. The cells for the violently insane were located inside one of the cottages, which meant that the elderly residents were frequently disturbed. In the mid-1930s during the Great Depression, the Infirmary's mission expanded to caring for pregnant women who lacked financial resources. Attendant Marie Price, who worked at the institution in the 1950s and 1960s later recalled working 7AM-Noon and then 4PM-7AM the same day – a 24-hour hour shift with one four-hour break. She also recalled inmates wearing ill-fitting cast-off clothing, taking one bath a week, eating donated venison seven days a week, and seeing maggots and ticks on the food before it was served.¹⁸

By 1929, the Steeres were still running the County Infirmary with two helpers, and the expense for each inmate was between \$17 and \$21 a month. By this time, there were 54 mostly elderly inmates, nine of whom were women. Although the number of inmates remained stable between 1920 and 1930, the number of residents under 50 increased along with the number of women. In 1935, the Board of Supervisors elected George C. Gosling to succeed Steere (who was by this time 66 years old) as Infirmary Superintendent after Steere was accused of intemperance and neglecting his duty. Gosling's background was working as a bank teller, and he was in his mid-thirties. During Gosling's first year of management annual operating costs were \$19,000. A decade later, at the end of World War II, the facility cost \$26,920 to operate. The number of residents continued to remain stable at about 50. In the late 1940s, a Social Welfare Building and Health Center were constructed toward the rear of the parcel along Elm and Walnut streets. During the 1950s, the institution's poor farm function began to decline as Social Security and other federal benefits reduced the number of indigent local people that the County needed to care for. And the large, new buildings needed to administer these programs had covered much of the open land on the property, which had formerly been used to grow vegetables and keep milk cows. Meanwhile, fewer elderly people were cared for at home, so its function as a convalescent hospital for the permanently bedridden had become more important. The County began discussing whether the Infirmary should be permanently shuttered, or whether it should become licensed as a nursing home. By 1960, the year Gosling retired from the Infirmary, it had 60 residents. Operating costs were \$92,000 a year. Dr. Fred Heegler was County Physician.¹⁹

In 1962, the County Infirmary became a licensed nursing facility, allowing it to receive state and federal funds rather than relying completely on local taxes for its budget. The facility had to hire a licensed vocational nurse, improve cleanliness by adding new medicine cabinets and a sterilizer, and improve fire safety in the buildings. Changes were made to the buildings to allow easier care of non-ambulatory patients – the doors were all changed to swing outward, and the doors in the Women's Building widened to accommodate rolling beds. The facility had 80 beds at this point. Use of the County Infirmary as a convalescent home was phased out in 1973. The

¹⁸ The Weekly Calistogan, 1 November 1929; Napa Register, "Government ran on Paperwork," 4 September 1994, 7D, "No Sympathy for Inmates in Napa Jail," 26 August 1985, 13.

¹⁹ The Weekly Calistogian, 22 February 1935, 1, 1 March 1935, 1; U.S. Census Records, Napa, California, 1930, 1940; Napa Register, 13 August 1971, 3A; Napa Register, 20 July 1983, 12; Napa Register, "County Infirmary Falls into Public Spotlight," 26 November 1960, 2.

Napa County Infirmary Historic District

Napa, California
County and State

Name of Property

old buildings no longer met state nursing home codes, and the 42 remaining patients dispersed. The County planned to convert the three buildings to alcohol treatment and mental health services buildings, and estimated that the project would cost \$50,000. For the next several decades, the site served as Napa County's Health and Human Services Campus. Several alterations were performed beginning in 1997: ancillary buildings including the barn and superintendent's house were demolished, the c1936 colonnade was demolished, primary entry doors were replaced with metal doors, accessible ramps constructed, new rear doors were added, a handful of rear windows were infilled, and many wood sash windows were replaced with vinyl sash. Changes to interior plans were presumably made about the same time, but many of the small bedrooms and offices in the original layout have survived. Although research did not reveal complete details of interior rearrangements, the buildings have retained much of their interior fabric (wood panel doors, window casings, baseboards) while being reconfigured for different uses over the decades. Large modular buildings with flat roofs and vertical-groove plywood siding were brought to the site c2000 and placed to the east, west, and north of the historic buildings grouped around the crescent.²⁰

Criterion A Conclusion

Napa County Infirmary is significant for its role in the development and growth of Napa County and its governmental institutions. From the time the site on Old Sonoma Road was established as a poor farm in 1869 through the end of World War II, it was the only publicly-funded charity institution in the County. It served as a home for the local indigent population when they were too old or too sick to work and did not have family to care for them, and it had a secondary function as a place of incarceration for mentally ill patients before commitment or people accused of minor crimes. The Cottage Plan buildings grouped around the crescent drive and lawn convey Napa County voters' desire to provide decent and dignified – but not luxurious – accommodation for those who had no other means of support during the nineteenth and early twentieth century. The site remained in use as the primary public charity for the indigent and infirm after World War II, gradually transitioning to caring solely for the elderly until it became a convalescent hospital in 1962. Even after its use as a County Infirmary ended, it remained an important site for local social services until 2016, when the County moved its Health and Human Services to a new location. The site conveys its significance as a public infirmary that was in use for nearly 150 years.

Criterion C: Architecture and Design

William H. Corlett

William H. Corlett (1856 – 1937) was born on the Isle of Man, the second son of Jane Callister and William Patrick Corlett. His mother Jane died when young William was very young, and his father moved the family to the United States in the early 1870s. After living briefly in Chicago, the Corletts settled in Napa in 1875 where they eventually established a planning mill and lumber yard. W.H. Corlett apparently became an architect as a way of offering additional services through the family business and encouraging the sale of wood products. After their

²⁰ Napa Register, "Infirmary is Given a License," 5 December 1962, 1, "Supervisors Ponder Infirmary Conversion," 2 May 1973, 1.

Napa County Infirmary Historic District

Napa, California

Name of Property

County and State

father's retirement, W.H. Corlett and his older brother Robert took over operation of the lumber business. By 1904, it was the largest lumber yard in Napa County. The family was wealthy, locally prominent, and engaged in civic affairs. W.H. Corlett served three terms on the city council, was a member of the school board for eleven years, and was a Mason as well as a member of the I.O.O.F. lodge. W.H. Corlett married New Brunswick native Cassie Greenfield in 1887. Children William G., Jessie, Harry, and Edith were born between 1887 and 1901. Daughter Jessie, an accomplished cellist, died in the 1918 influenza pandemic at the end of World War I. William G. Corlett followed his father into architecture and designed several notable twentieth century buildings.²¹

In 1880, (the year W.H. Corlett was naturalized as a U.S. citizen) W.P., Robert, and W.H. Corlett all gave their occupations as carpenter, while brother Caesar Corlett was a tanner. The family used their carpentry skills to start a planing mill in 1882. In 1887, the Enterprise Planing Mill moved to Third Street near the Napa River, where it had a two-story building and occupied nearly an acre. In the early years of the mill, patriarch W.P. was in charge while his sons John, Robert, and W.H. were learning the business. Caesar had become an engineer by 1891, and operated the company's machine works. By 1895, W.H. and Robert were managing the business and had 45 employees. They manufactured building supplies like doors, wood window sashes, blinds, and mouldings. John and Caesar Corlett continued to work for the planing mill as employes.²²

W.H. Corlett's first commissions (such as Napa's Oddfellows hall) appear to have been designed under the auspices of the Enterprise Planing Mill when his father was still in charge of the business. By 1888, Corlett gave his occupation as architect rather than carpenter, although he also represented himself as the proprietor of the planning mill for many years. Research has revealed no evidence that he attended a formal architectural school. W.H. Corlett had a Class A contractor's license, and Corlett Bros. constructed many of his designs as well as buildings designed by other architects. In 1911, he bought his brother Robert's interest in the lumber business and became sole owner. Corlett began his long career as an architect working in Victorian styles such as Queen Anne and Italianate that made liberal use of scrolled brackets and other ornamental wooden features. His earliest known work is Napa's ornate Oddfellows Hall, built in 1877 and demolished a century later. The Wulff House (1885), Manasse Mansion (1886), Migliavacca House (1890), and Noyes Mansion (1902) are landmark examples of his domestic work. All are located in the City of Napa and NRHP-listed, and are among the most elaborate local houses of the era. Corlett also designed interior features of banks and public buildings throughout Napa Valley, a notable example of which is the interior white cedar woodwork in the Goodman Library. The majority of his known extant buildings are in the City

²¹ Leigh Hadley Irvine, *A History of the New California: Its Resources and People*, Lewis Publishing Co., New York, Chicago: 1905, 986-987; U.S. Census Records, Napa, California, 1880, 1900, 1910.

²² U.S. Census Records, Napa, California, 1880; San Francisco Call, "Napa, A Thriving Manufacturing Center," 25 March 1895.

Napa County Infirmary Historic District

Napa, California
County and State

Name of Property

of Napa; however, his career has not been systematically studied, and he is likely to have been the designer of many more buildings than those documented.²³

During the twentieth century Corlett expanded his design idiom to include Early Modern architectural styles such as Art Deco and Prairie, which tended to be more streamlined and less decorative. He also worked in historicist styles like Mission that were popular during that era. Corlett's designs, which continued to include commercial and institutional buildings as well as numerous residences, made an indelible imprint on Napa County's built environment. The Alexandria Hotel (c1904), St. Helena Public Library (1907), and Napa County Hall of Records (1916) are NRHP-listed examples of his use of Mission and Mediterranean revival elements. The Hall of Records and the NRHP-listed Franklin Station Post Office (1933) are Corlett's best-known works. The post office possesses unique features such as its elaborate cornice with rams-head motif and is acknowledged as the most prominent example of the Art Deco style in Napa County.²⁴

Constructed after he had amassed 35 years of design experience in 1912, the Napa County Infirmary buildings are examples of Corlett's fully-mature twentieth-century work. The choice to use Mission architecture allowed him to produce economical yet attractive buildings to house the public charity. Restrained examples of the style, they lack the expensive decorative excess of the Victorian period as well as the exuberant shaped parapets usually found on Mission buildings. Corlett used symmetry, careful proportions, and simple decorative elements like arched openings, dormers, and shaped rafter tails to create the clean and elegant buildings. Corlett was a local and regional pioneer in the use of reinforced concrete, and particularly advanced at blending the utilitarian qualities of this technologically sophisticated material with elegant architectural design.

Reinforced Concrete Construction in Napa County

Concrete reinforcement was invented in the mid-nineteenth century, but the first reinforced concrete buildings in Northern California were not constructed until the mid-1880s. Use of steel to add tensile strength to brittle concrete was still quite rare at the turn of the twentieth century, and virtually unheard of in rural areas like Napa County. Builders began patenting reinforcement systems, which were eventually victims of their own success when concrete reinforcement became common in the 1920s. After the 1906 San Francisco earthquake, engineers and builders began to aggressively advocate for the use of reinforced concrete, which provided better fireproofing and increased structural stability than traditional materials offered. Although Napa papers reported on the movement to build with reinforced concrete, the first known local use of reinforced concrete was a bridge on Soda Springs Road completed in late 1906. Its use for local buildings took several more years, and the Infirmary is one the earliest buildings in Napa County

²³ California Great Register of Voters, Napa, California, 1888; Lewis Publishing Company, *Memorial and Biographical History of Northern California*, Lewis Publishing Company, Chicago: 1891, 748; U.S. Census Records, Napa, California, 1920; Napa Daily Journal, 10 October 1901, 3; Napa Register, 6 April 1883.

²⁴ National Register of Historic Places Nomination Form, Noyes Mansion, Prepared by Donald Napoli, 25 March 1992.

Napa County Infirmary Historic District

Napa, California

Name of Property

County and State

to use reinforced concrete. The material's qualities, like structural strength and fire-resistance, would have been important functional innovations for housing elderly and infirm residents, and Corlett was able to blend these utilitarian qualities with design sophistication. With their hipped clay-tile roofs, arched openings, and smooth stucco cladding, the Infirmary buildings can be seen as precedents for Corlett's much grander Napa County Hall of Records in Downtown Napa's Courthouse Plaza. Constructed in 1916 to complement the adjacent nineteenth-century courthouse, the building was NRHP-listed in 1992. The Hall of Records has previously been cited as an early example of reinforced concrete construction, which did not gain broad acceptance among builders until 1917, when steel shortages caused by World War I spurred its widespread adoption. Prized for its utilitarian qualities and used for industrial construction, its aesthetic potential was rarely fully exploited even as its use in new buildings exploded. By the 1920s, reinforced concrete was used widely across the U.S. for a variety of building types.²⁵

Cottage Plan Institutional Design

The 1912 Infirmary buildings represent an early local and regional use of the Cottage Plan for institutional design. Although the first cottage plan almshouse in the U.S. was constructed in the 1850s, the congregate model of housing residents in one giant and imposing building continued to dominate nineteenth century institutions including hospitals, insane asylums, and orphanages. Known as the Kirkbride system, by the late nineteenth century the tall and extremely long buildings were criticized as failed therapeutic environments and frequently slandered as hellholes. Cottage plan institutional buildings were meant to be smaller, more informal, and less pretentious than the forbidding buildings they replaced. Their smaller size allowed residents to live in a more home-like environment. Segregation of violent or extremely disabled patients was considered an amenity for high-functioning residents. The buildings in cottage plan institutions were typically laid out along roads or paths in order to mimic the site plan of a rural village, with extensive landscaping and separate buildings for men and women arranged around a central common building holding a hospital and/or dining room. By the early twentieth century, the cottage plan was widely considered state-of-the-art for institutions of all kinds including orphanages and asylums, although because of its expense it had not been universally adopted.²⁶

When the new Infirmary buildings were designed and constructed in 1912, Kirkbride buildings still dominated the built environment for institutions in the region. The modest-sized, locally-

²⁵ John R. Dunlap, "The Engineering Magazine: An Industrial Review," October 1904, 689; Ryan Salmon, EIT and Meghan Elliott, P.E., "The Kahn System of Reinforced Concrete," *Structure*, April 2013, accessed 2 May 2017; Napa Register, 20 November 1906, 1:1; National Register of Historic Places Nomination Form, Napa County Courthouse Plaza (Hall of Records), Prepared by John Whitman, Dan Peterson, and Rebecca Yerger, 27 March 1992; S.M. Fechheimer, "Concrete Into its Own," *Architect and Engineer*, May 1918, 91; Albert Kahn, "The Architect in Industrial Building," September 1919, 101-109.

²⁶ Matthew A. Crenson, *Building the Invisible Orphanage: the Prehistory of the Welfare State*, Harvard University Press, Cambridge: 1998, 185; Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States*, University of Minnesota Press, Minneapolis: 2007, 79; *Encyclopedia Americana*, 1920, Insane Asylums, Cottage System or Village Plan, [https://en.wikisource.org/wiki/The_Encyclopedia_Americana_\(1920\)/Insane_Asylums,_Cottage_System_or_Village_Plan](https://en.wikisource.org/wiki/The_Encyclopedia_Americana_(1920)/Insane_Asylums,_Cottage_System_or_Village_Plan), accessed 8 August 2017; "Proceedings: Third New York City Conference of Charities and Corrections," Albany, NY: J.B. Lyon Co., 1912, 184.

Napa County Infirmery Historic District

Napa, California

Name of Property

County and State

funded Infirmery was never a big enough institution to have a Kirkbride-plan building, although before it had various Victorian-period buildings over its first four decades. Napa State Asylum, the large state-funded mental hospital less than two miles east of the infirmery featured old-fashioned Kirkbride-plan buildings, as did the Sonoma State Home (devoted to caring for developmentally disabled children). Agnews State Asylum in Santa Clara appears to have been the first California institution to adopt the cottage plan. Around the turn of the century there were a few cottage additions to the old asylum, but after the institution was devastated in the 1906 earthquake, it was completely rebuilt according to the progressive cottage plan. The spread-out site plan with its low buildings was the first such institution in California. Agnews' director was interested in progressive, modern treatment of mental illness, and after the earthquake he worked to redesign the asylum according to the therapeutic principles of the cottage plan: access to light and growing plants, a home-like atmosphere, and a setting that approximated a college campus. The loss of life at Agnews also spurred the choice of earthquake-resistant and fireproof reinforced concrete.²⁷

Corlett's choice of a cottage plan reinforced concrete buildings in 1912 was clearly influenced by Agnews' influential rebuilding project, which was still underway at this time. Agnews buildings also exhibited simple Mission architecture with clay tile roofs and arched openings. The cottage plan was not adopted until decades later at the Napa State Asylum and the Sonoma State Home. Corlett's use of this progressive type of site plan was pioneering for the North Bay, and among its first uses in a California institution. Separation of men and women in different buildings, a central hospital and administration building, the landscaped campus, and home-like features like porches and interior baseboards as well as the massing and scale of the buildings themselves were all features of the cottage plan movement.

Criterion C Conclusion

Napa County Infirmery is significant at the local level as a district that represents a distinctive entity in which institutional requirements were blended with aesthetic considerations to produce an attractive campus. Corlett designed restrained and cost-conscious examples of fashionable Mission architecture, which were simple yet aesthetically sophisticated. He was a pioneer in bringing technologically innovative reinforced concrete construction to Napa County, and the 1912 Infirmery buildings are the first known local examples. Reinforced concrete was not widely used until the 1920s, but Corlett was apparently aware of the nascent movement to promote its use after the 1906 earthquake. The material was particularly appropriate for an institution serving the elderly and disabled: its extraordinary durability made it a cost-conscious choice, and its fire- and earthquake-resistant qualities provided a greater measure of safety for people with limited mobility. Just a few years after construction of the Infirmery dormitories, Corlett designed a more elaborate and public building using reinforced concrete and Mission architecture that is a widely recognized architectural landmark: the Napa County Hall of Records. Corlett's Infirmery buildings also represent the first regional use of Cottage Plan site design, a philosophy of institutional design intended to provide a more therapeutic home-like environment for residents. His non-orthogonal layout skillfully integrated the nineteenth-century crescent landscape feature

²⁷ Jacob Van Heeckeren and Liz Holmes, Agnews Insane Asylum 10-900, 1997, 8-7, 8-8.

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

into this progressive form site plan. Larger institutions like Napa State Asylum and the Sonoma Home would adopt the Cottage Plan several decades later. The 1934 additions to the site followed the style and layout template Corlett had created two decades before, adding to the cohesion of the site as a whole.

Napa County Infirmery Historic District
Name of Property

Napa, California
County and State

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Napa County Infirmary Historic District

Name of Property

Napa, California

County and State

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Napa County Infirmary Historic District

Napa, California
County and State

Name of Property

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County and State

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Previous documentation on file (NPS):

preliminary determination of individual listing (36 CFR 67) has been requested

previously listed in the National Register

previously determined eligible by the National Register

designated a National Historic Landmark

recorded by Historic American Buildings Survey # _____

recorded by Historic American Engineering Record # _____

recorded by Historic American Landscape Survey # _____

Primary location of additional data:

State Historic Preservation Office

Other State agency

Federal agency

Local government

University

Other

Name of repository: _____

Historic Resources Survey Number (if assigned): _____

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

10. Geographical Data

Acreege of Property 30

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates (decimal degrees)

Datum if other than WGS84: _____

(enter coordinates to 6 decimal places)

- | | |
|------------------------|------------------------|
| 1. Latitude: 38.288694 | Longitude: -122.298926 |
| 2. Latitude: 38.287882 | Longitude: -122.298926 |
| 3. Latitude: 38.287882 | Longitude: -122.297036 |
| 4. Latitude: 38.288694 | Longitude: -122.297036 |

Or

UTM References

Datum (indicated on USGS map):

NAD 1927 or NAD 1983

- | | | |
|----------|-----------|-----------|
| 1. Zone: | Easting: | Northing: |
| 2. Zone: | Easting: | Northing: |
| 3. Zone: | Easting: | Northing: |
| 4. Zone: | Easting : | Northing: |

Verbal Boundary Description (Describe the boundaries of the property.)

The Historic District is bounded by Old Sonoma Road on the south, by paved parking/access areas at the eastern and western borders of the site, and by a paved walkway behind the central buildings on the north.

Boundary Justification (Explain why the boundaries were selected.)

The Historic District boundaries encompass the area where the contributing resources developed during the period of significance (the three buildings clustered around the crescent

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

lawn/driveway).are sited. The northern half of the property was originally part of the farm that helped support the County Infirmary, and featured buildings related to the property's function within the period of significance including a hay barn, tool shed/workshop, supply shed, pump house, and laundry. The only permanent building on the northern part of the property is the Napa County Welfare Building, which was constructed in stages between 1952 and 1965 and subsequently altered. The County added several modular buildings, parking areas, and modern landscape features to the northern portion of the property c2000, demolishing the barn and other historic-period buildings and destroying the pastoral setting that had characterized the property since its initial development. For these reasons, the northern half of the property has been excluded from the boundaries of the Historic District.

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

11. Form Prepared By

name/title: Kara Brunzell, Historian and Architectural Historian

organization: Brunzell Historical

street & number: 1613 B Street

city or town: Napa state: California zip code: 94559

e-mail kara.brunzell@yahoo.com

telephone: 707/290-2918

date: 5 September 2017

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: Napa County Infirmary

City or Vicinity: Napa

County: Napa

State: California

Photographer: Kara Brunzell

Napa County Infirmary Historic District

Name of Property

Napa, California

County and State

Date of Photographs: March & August 2017

Location of Original Digital File:

Brunzell Historical

1613 B Street

Napa, California

Description of Photograph(s) and number, including description of view indicating direction of camera:

Photo #1 (CA_Napa County_Napa County Infirmary_001)

Historic District overview from southwest with Men's Building and Hospital/Dining Room Building (left to right), camera facing southeast

Photograph 1 of 30

Photo #2 (CA_Napa County_Napa County Infirmary_002)

Historic District overview from south showing Hospital/Dining Room Building across crescent lawn, camera facing north

Photograph 2 of 30

Photo #3 (CA_Napa County_Napa County Infirmary_003)

Historic District overview from southwest showing Hospital/Dining Room Building and Women's Building (left to right) across crescent lawn, camera facing northeast

Photograph 3 of 30

Photo #4 (CA_Napa County_Napa County Infirmary_004)

Site overview from north across crescent lawn, camera facing south

Photograph 4 of 30

Photo #5 (CA_Napa County_Napa County Infirmary_005)

Site overview from northeast across crescent lawn, camera facing southwest

Photograph 5 of 30

Photo #6 (CA_Napa County_Napa County Infirmary_006)

Men's Building from south showing southeast (main) and southwest elevations (right to left), camera facing north

Photograph 6 of 30

Photo #7 (CA_Napa County_Napa County Infirmary_007)

Hospital/Dining Room Building and Men's Building (left to right) from northwest showing west elevation of Hospital/Dining Room Building and northeast elevation of Men's Building, camera facing southeast

Photograph 7 of 30

Photo #8 (CA_Napa County_Napa County Infirmary_008)

Napa County Infirmary Historic District

Napa, California

Name of Property

County and State

Men's Building from north showing northwest and northeast elevations (right to left), camera facing south

Photograph 8 of 30

Photo #9 (CA_Napa County_Napa County Infirmary_009)

Men's Building from west showing northwest and southwest elevations (left to right), camera facing east

Photograph 9 of 30

Photo #10 (CA_Napa County_Napa County Infirmary_0010)

Men's Building from south showing southwest and southeast (main) elevations (left to right), camera facing north

Photograph 10 of 30

Photo #11 (CA_Napa County_Napa County Infirmary_0011)

Hospital/Dining Room Building from south showing south (main) and east elevations (left to right), camera facing north

Photograph 11 of 30

Photo #12 (CA_Napa County_Napa County Infirmary_0012)

Hospital/Dining Room Building from south showing south (main) and east elevations (left to right), camera facing north

Photograph 12 of 30

Photo #13 (CA_Napa County_Napa County Infirmary_0013)

Hospital/Dining Room Building from northwest showing north elevation, camera facing southeast

Photograph 13 of 30

Photo #14 (CA_Napa County_Napa County Infirmary_0014)

Hospital/Dining Room Building from northeast showing north elevation, camera facing southwest

Photograph 14 of 30

Photo #15 (CA_Napa County_Napa County Infirmary_0015)

Detail, Hospital/Dining Room Building from northeast showing gable on north elevation, camera facing southwest

Photograph 15 of 30

Photo #16 (CA_Napa County_Napa County Infirmary_0016)

Hospital/Dining Room Building from northwest showing north and west elevations (left to right), camera facing southeast

Photograph 16 of 30

Napa County Infirmary Historic District

Napa, California
County and State

Name of Property

Photo #17 (CA_Napa County_Napa County Infirmary_0017)

Hospital/Dining Room Building from east showing east elevation, camera facing west

Photograph 17 of 30

Photo #18 (CA_Napa County_Napa County Infirmary_0018)

Women's Building from south showing southwest (main) and southeast elevations (left to right), camera facing north

Photograph 18 of 30

Photo #19 (CA_Napa County_Napa County Infirmary_0019)

Women's Building from northeast showing southeast and northeast elevations (left to right), camera facing southwest

Photograph 19 of 30

Photo #20 (CA_Napa County_Napa County Infirmary_0020)

Detail, Women's Building from southeast showing dormer on southeast elevation, camera facing northwest

Photograph 20 of 30

Photo #21 (CA_Napa County_Napa County Infirmary_0021)

Detail, Women's Building from northeast showing entrance on northeast elevation, camera facing southwest

Photograph 21 of 30

Photo #22 (CA_Napa County_Napa County Infirmary_0022)

Detail, Main Building eaves, camera facing northeast

Photograph 22 of 30

Photo #23 (CA_Napa County_Napa County Infirmary_0023)

Detail, Main Building rear entrance, camera facing south

Photograph 23 of 30

Photo #24 (CA_Napa County_Napa County Infirmary_0024)

Detail, Main Building original windows, camera facing south

Photograph 24 of 30

Photo #25 (CA_Napa County_Napa County Infirmary_0025)

Interior, Men's Building from north showing original door and window casing, camera facing south

Photograph 25 of 30

Photo #26 (CA_Napa County_Napa County Infirmary_0026)

Interior, Men's Building from east showing hallway, camera facing west

Photograph 26 of 30

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

Photo #27 (CA_Napa County_Napa County Infirmary_0027)
Interior, Hospital/Dining Room Building showing view into kitchen, camera facing south
Photograph 27 of 30

Photo #28 (CA_Napa County_Napa County Infirmary_0028)
Interior, Hospital/Dining Room Building from southwest showing original window casing
and baseboards, camera facing northeast
Photograph 28 of 30

Photo #29 (CA_Napa County_Napa County Infirmary_0029)
Interior, Hospital/Dining Room Building from west showing rear porch, camera facing east
Photograph 29 of 30

Photo #30 (CA_Napa County_Napa County Infirmary_0030)
Interior, Hospital/Dining Room Building from east showing small bedroom, camera facing
west
Photograph 30 of 30

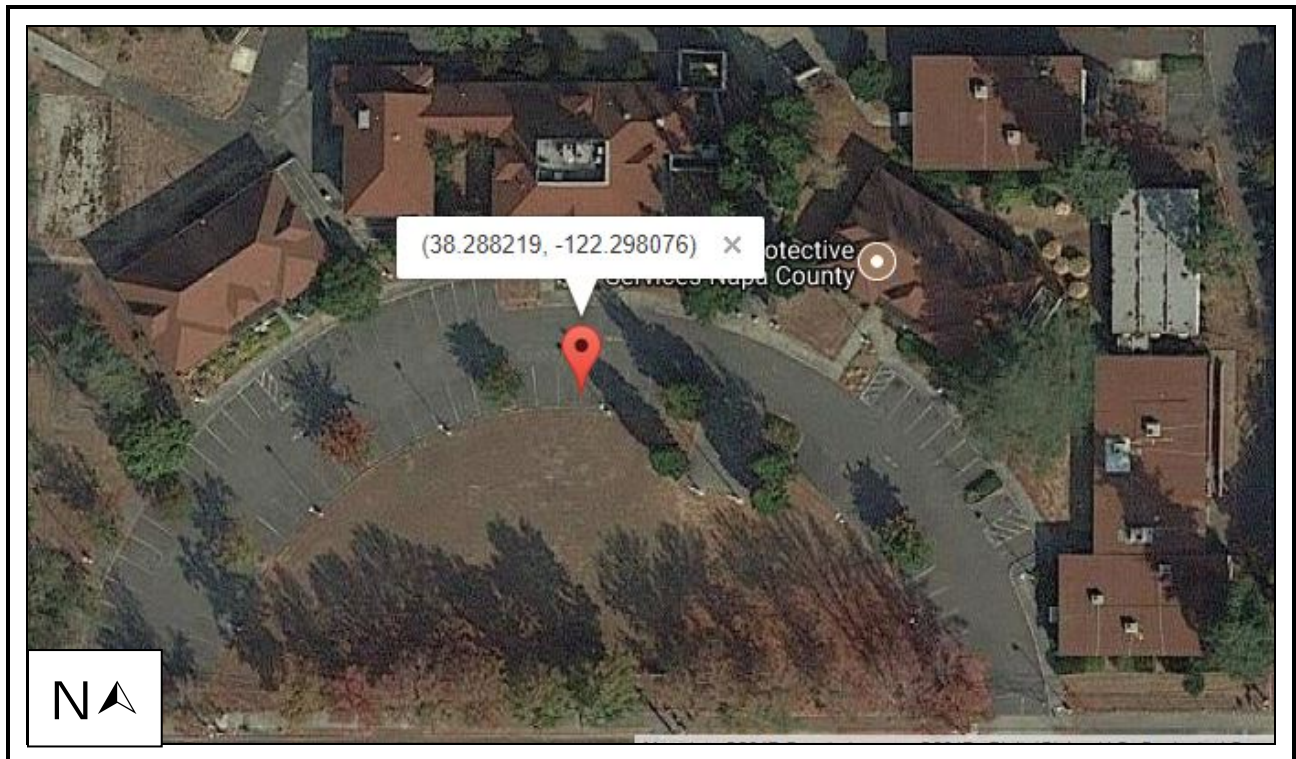


Figure 1: Location Map with Latitude and Longitude (rough center of district).

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

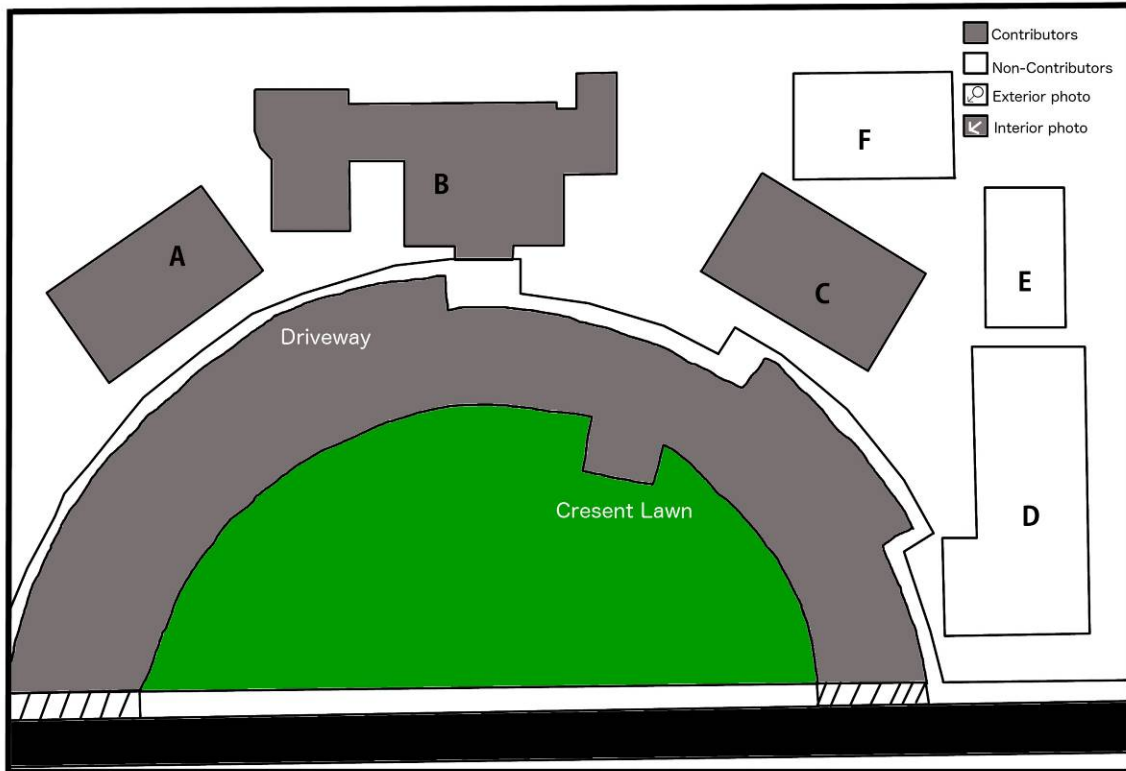


Figure 2: Boundary Map.

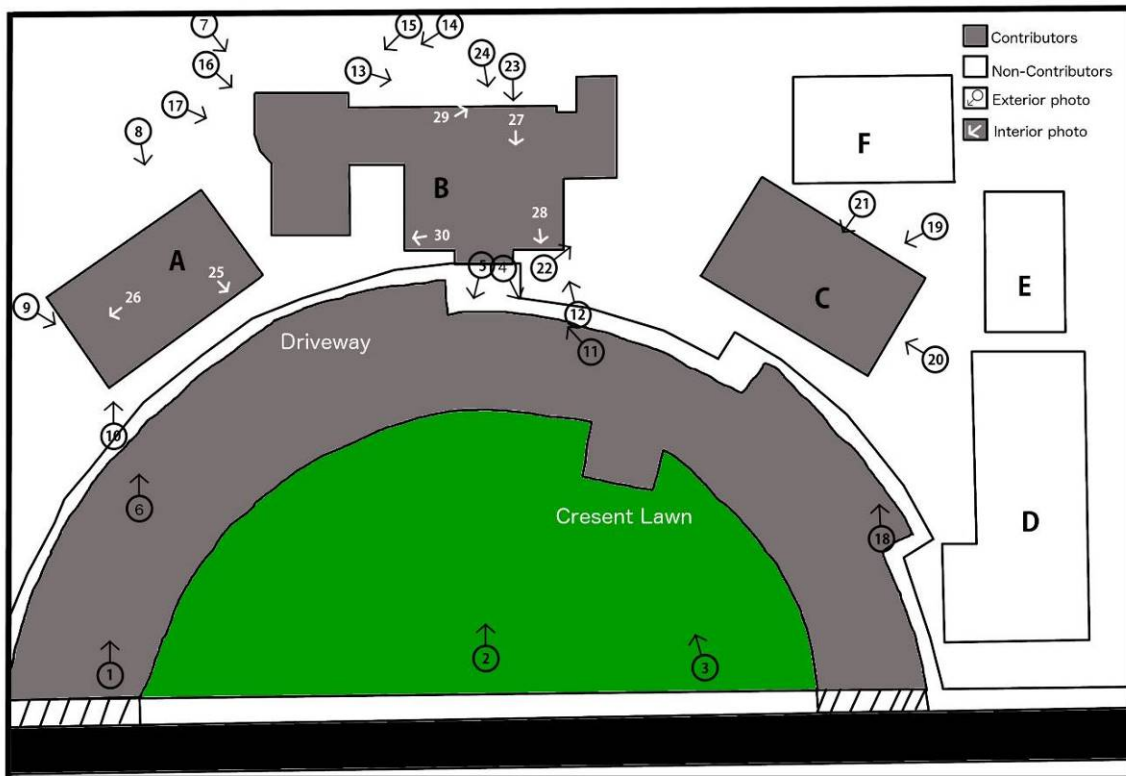


Figure 3: Photo Key.

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

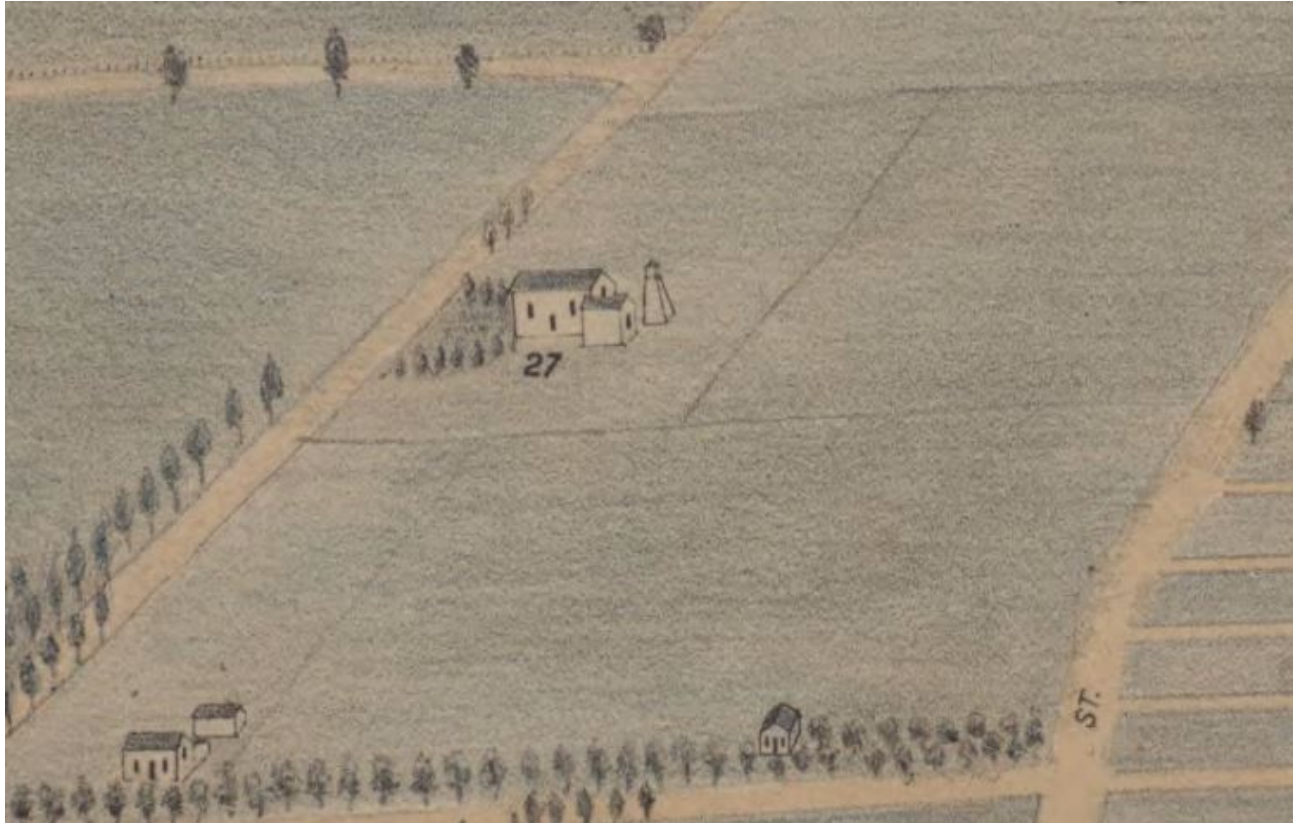


Figure 4: Undated c1880 Bird's Eye View of Napa showing original Infirmary buildings with crescent-shaped drive surrounded by open fields

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

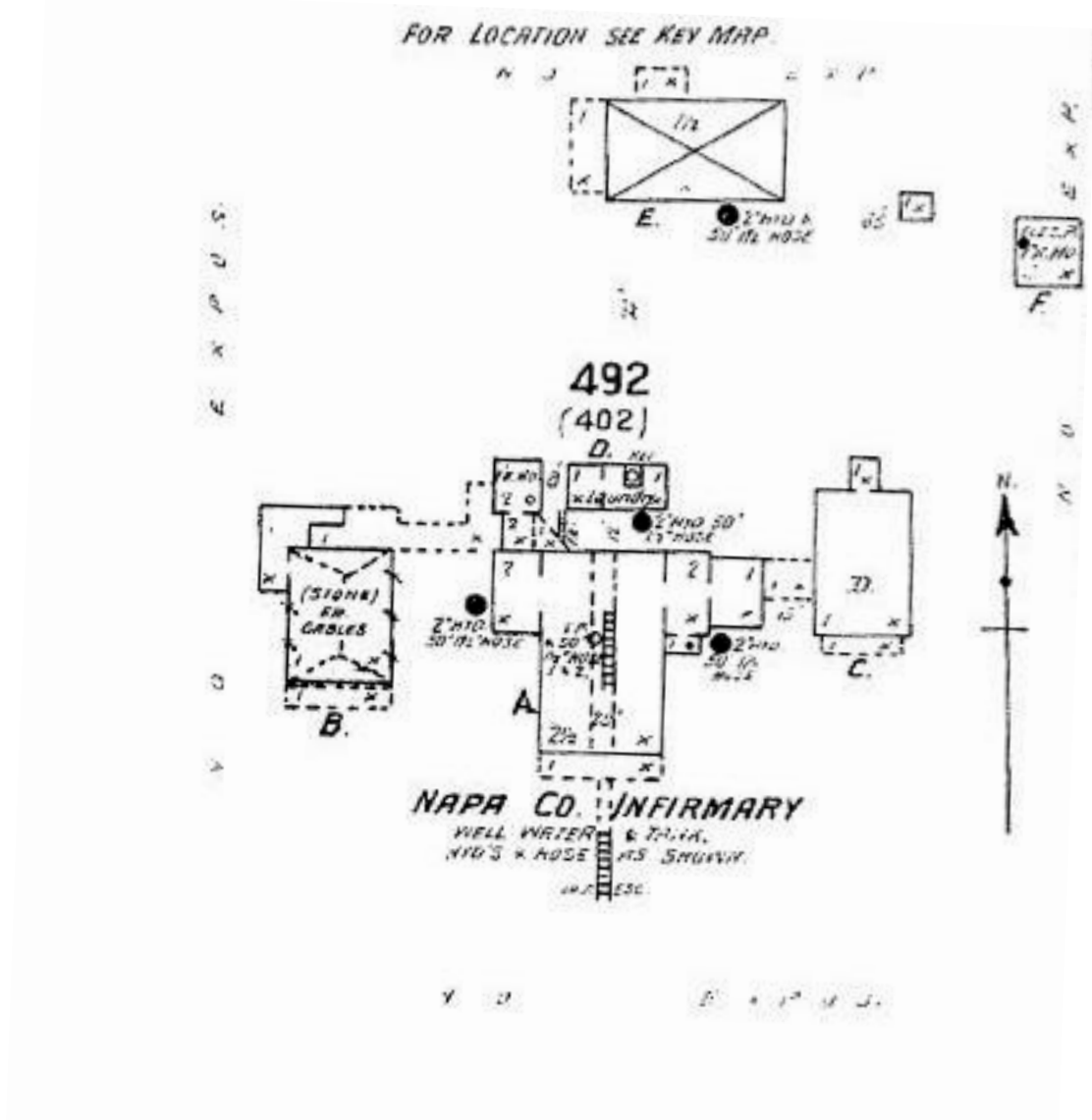


Figure 5: Sanborn Insurance Map, Napa, California, 1910 - 1897 Hospital building left of frame, original main building center, superintendent's house right.

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

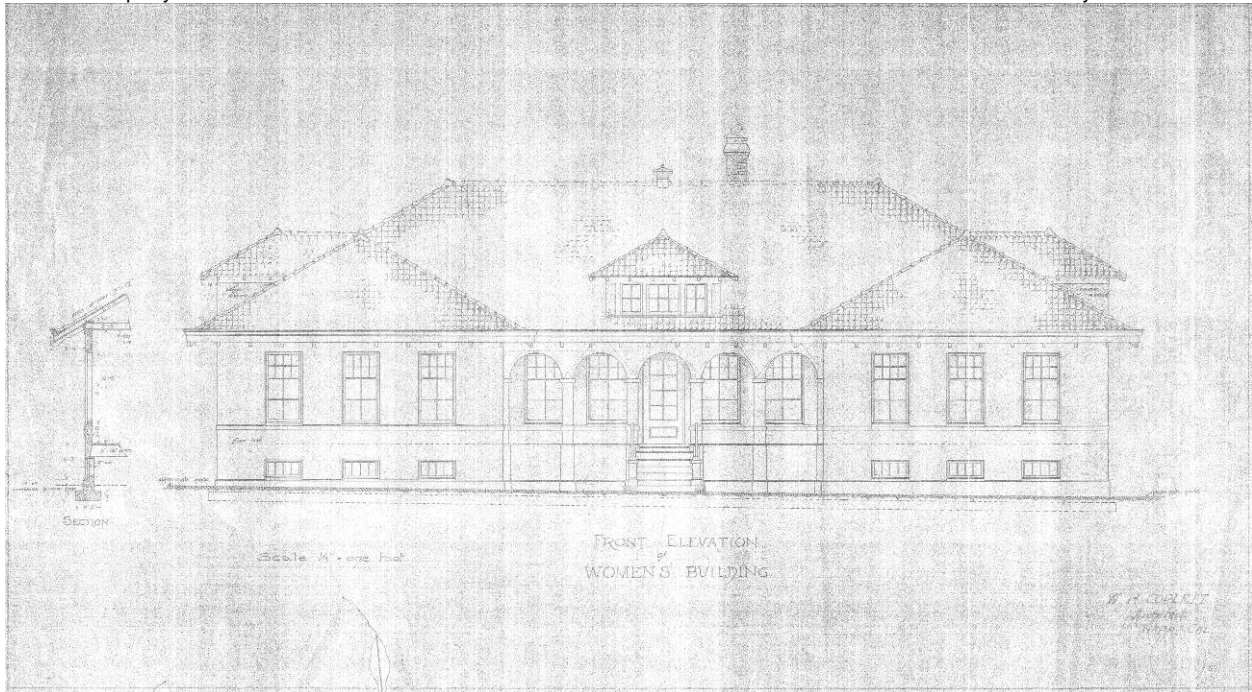


Figure 6: W.H. Corlett, Front Elevation of Women's Building, undated c1912.

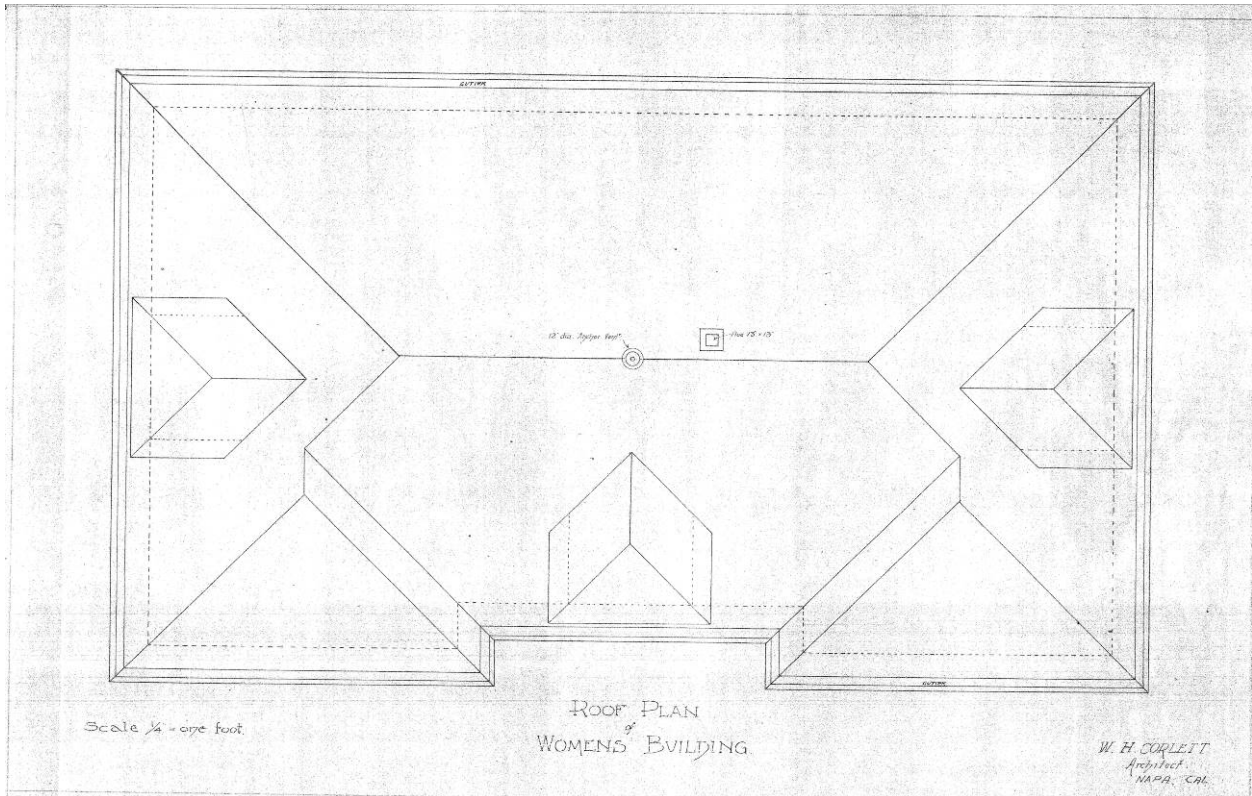


Figure 7: W.H. Corlett, Roof Plan of Women's Building, undated c1912.

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State

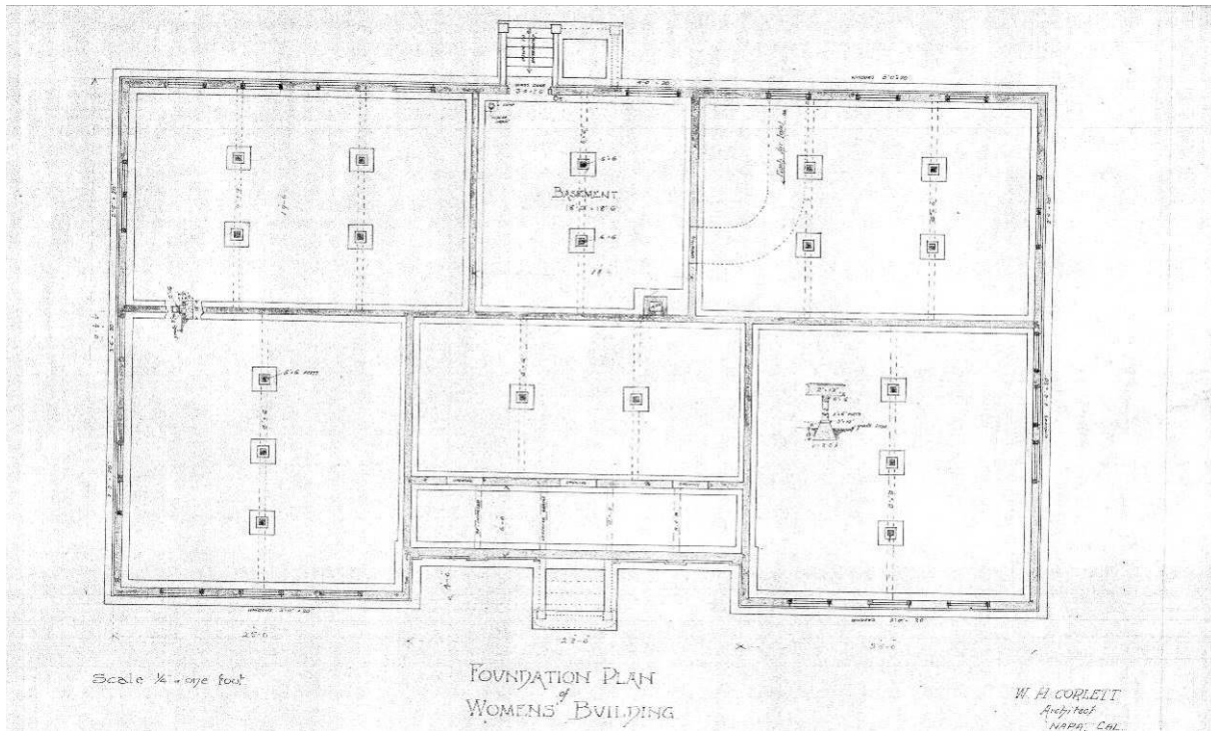


Figure 8: W.H. Corlett, Foundation Plan of Women's Building, undated c1912.

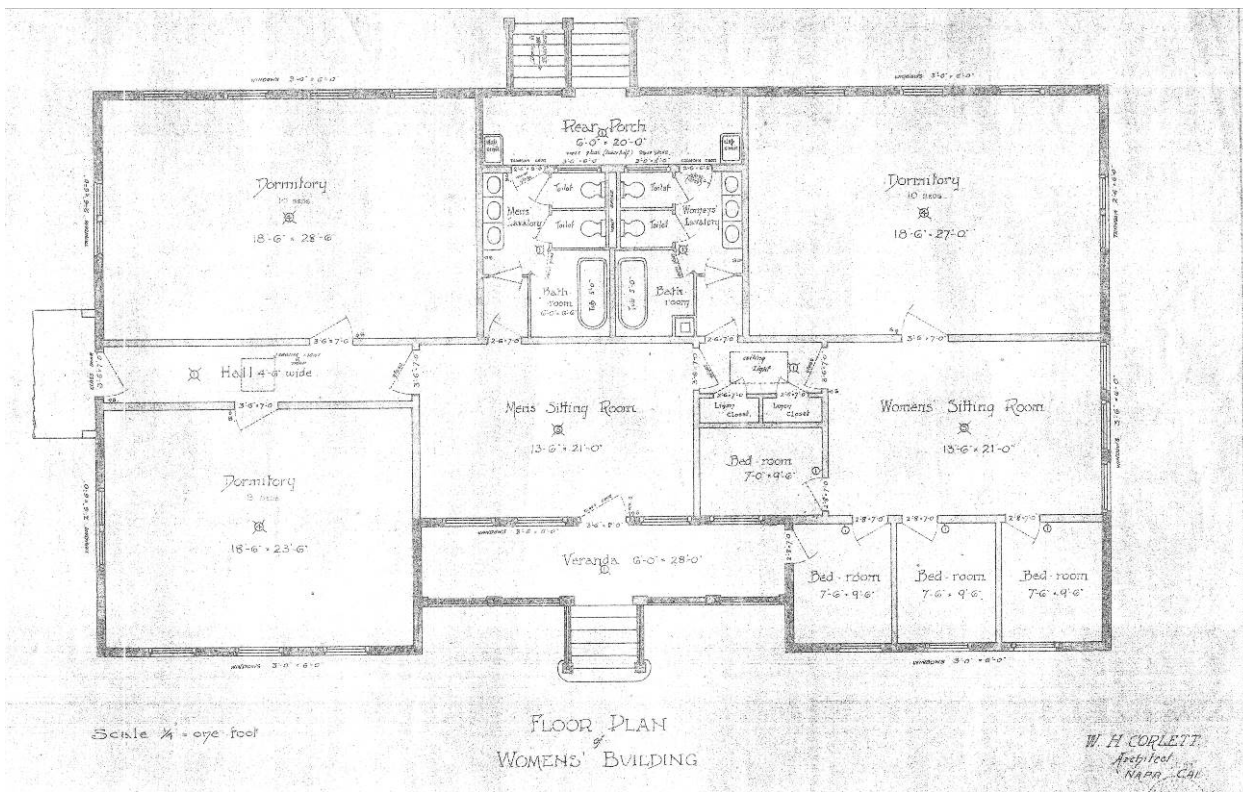


Figure 9: W.H. Corlett, Floor Plan of Women's Building, undated c1912.

Napa County Infirmary Historic District
 Name of Property

Napa, California
 County and State



Figure 10: Napa Daily Journal, Enterprise Planing Mill Advertisement, 6 June 1890.

Figure 11: William P. Corlett, from Tom Gregory's 1912 History of Napa and Solano Counties.

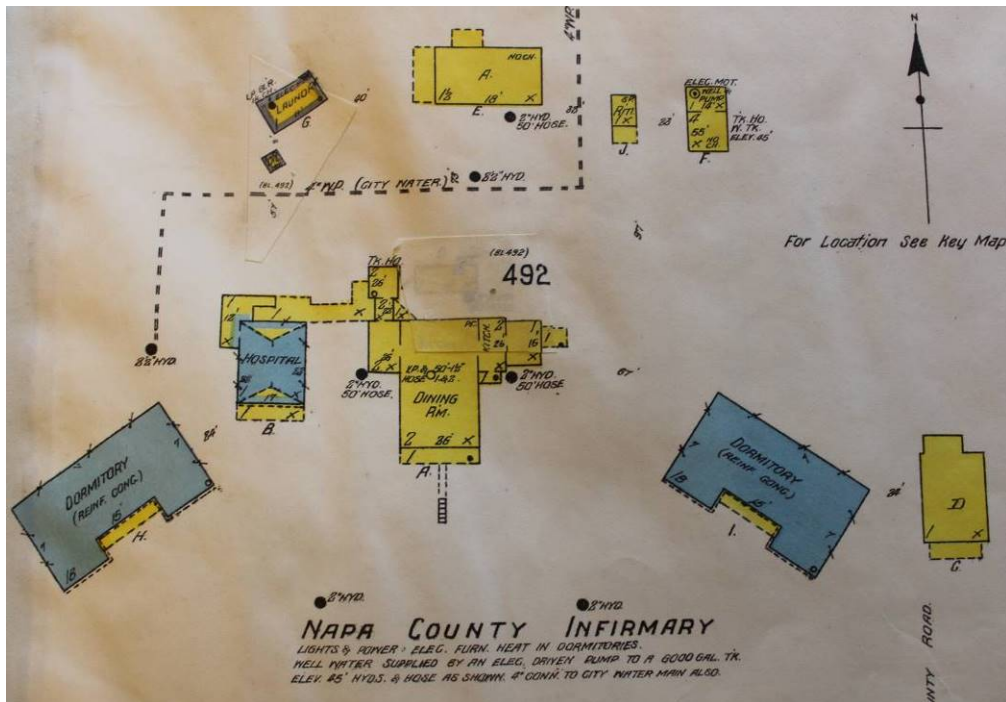


Figure 12: Sanborn Insurance Map, Napa, California, 1924 - 1912 Men's and Women's Buildings (dormitories) are shown flanking nineteenth century buildings at center, superintendent's house has been moved east.

Napa County Infirmary Historic District
 Name of Property

Napa, California
 County and State

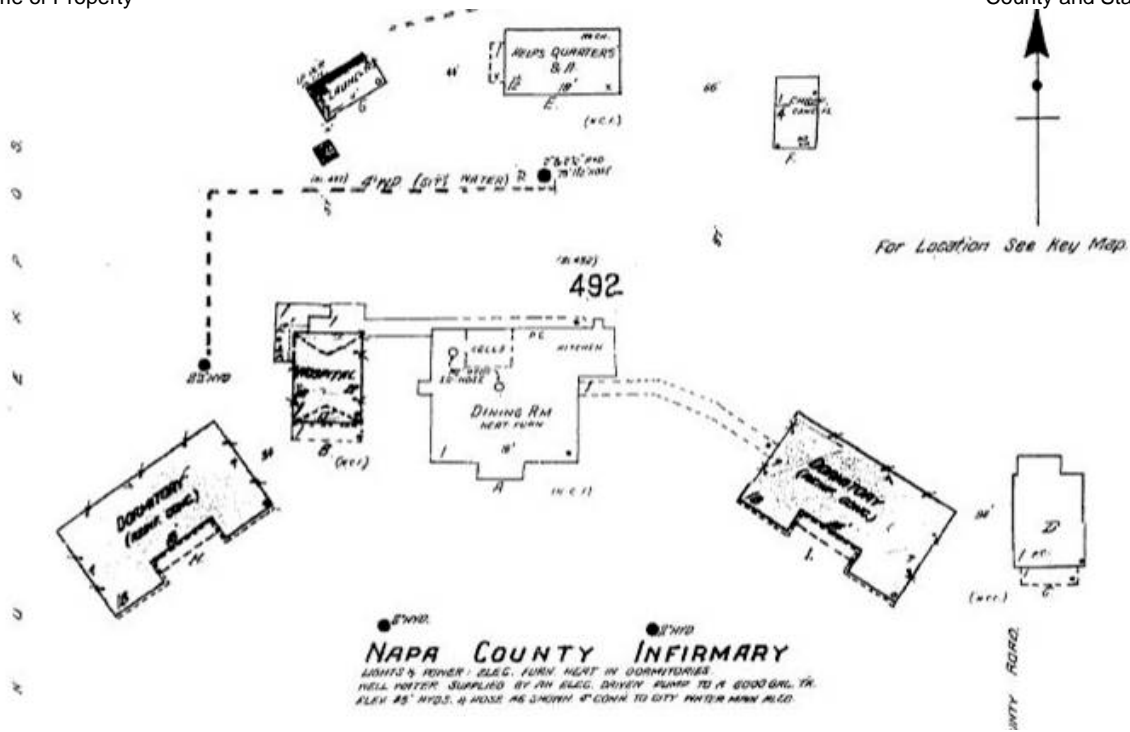


Figure 13: Sanborn Insurance Map, Napa, California, 1924-1949 - Main (dining room) building has replaced original building at center and has been connected to the Women’s Building by a covered breezeway.

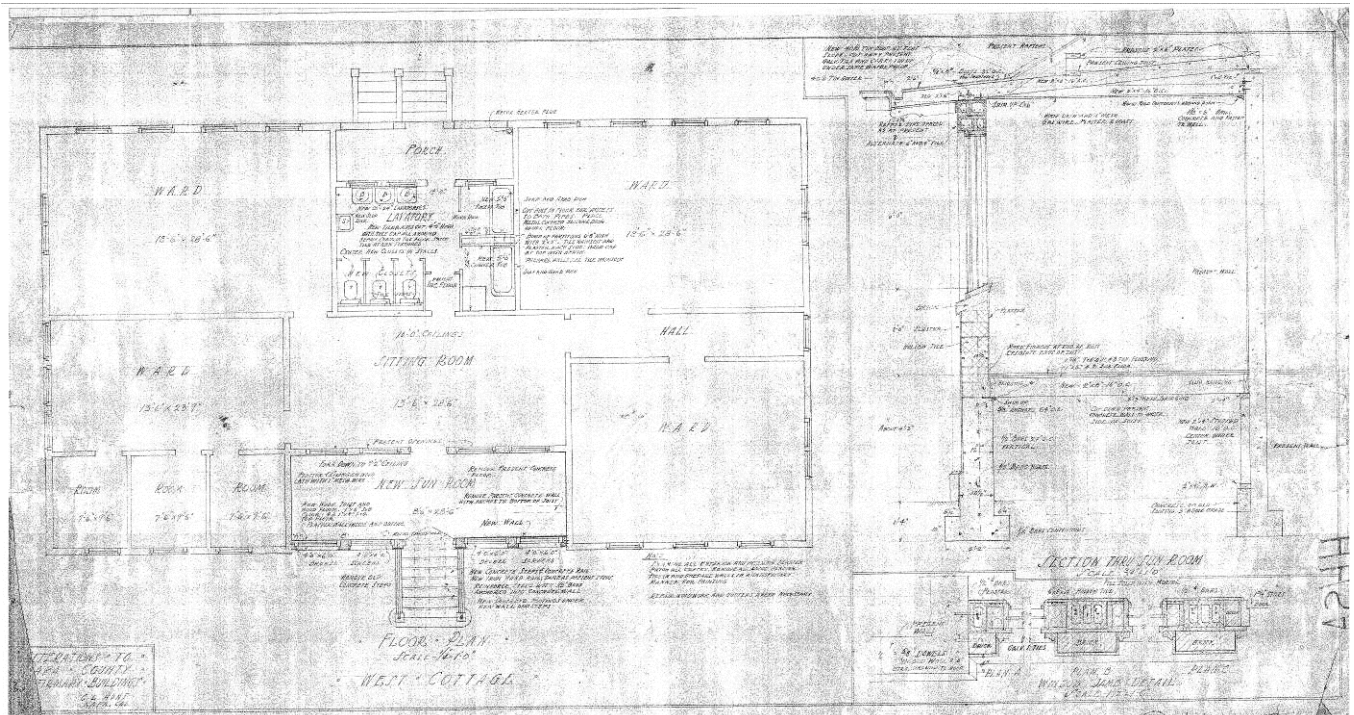


Figure 14: C.L. Hunt, Alterations to Napa County Infirmary Buildings, undated c1936, on file at County of Napa Building Department.

Napa County Infirmary Historic District
 Name of Property

Napa, California
 County and State

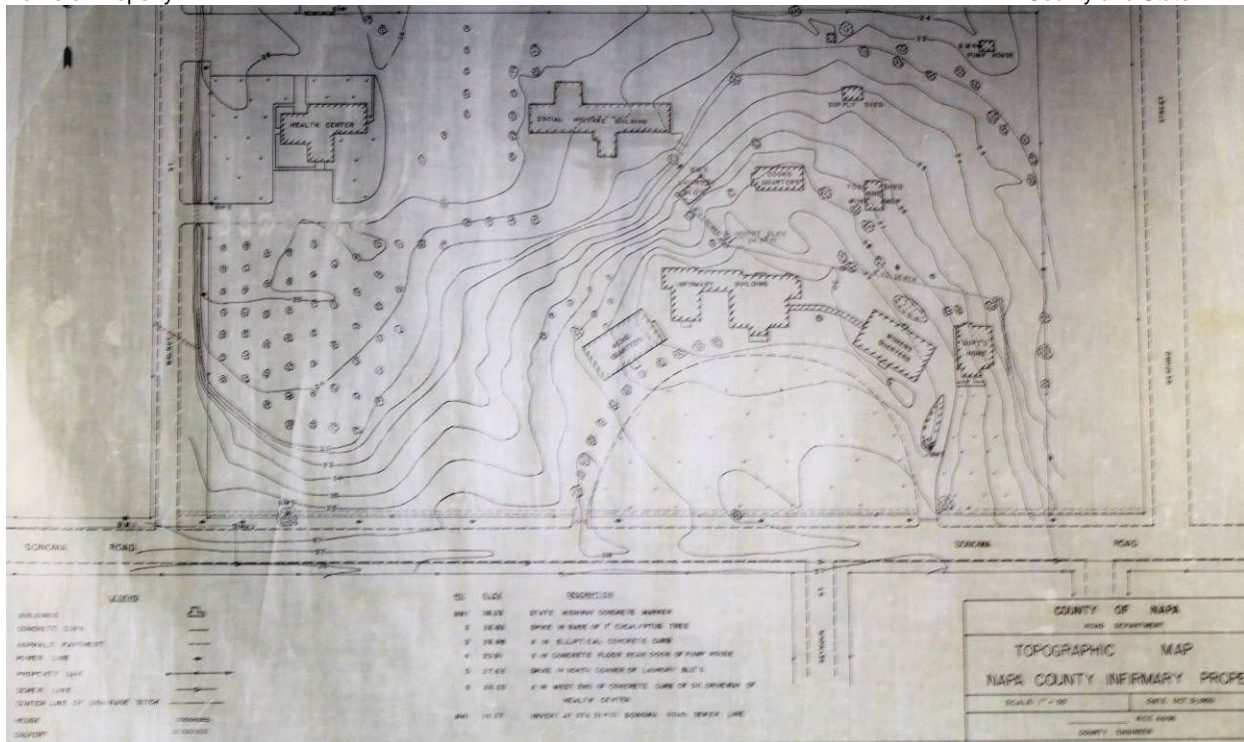


Figure 15: Topographic Map, Napa County Infirmary Property, 1950s, showing site after development of buildings near northwest property borders, on file at County of Napa Building Department.



Figure 16: Main Building and Hospital wing with Men's Building left of frame, 1973, on file at Napa County Building Department.

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State



Figure 17: Main Building (rear elevation) and Hospital wing with Hospital wing right of frame, 1973, on file at Napa County Building Department.

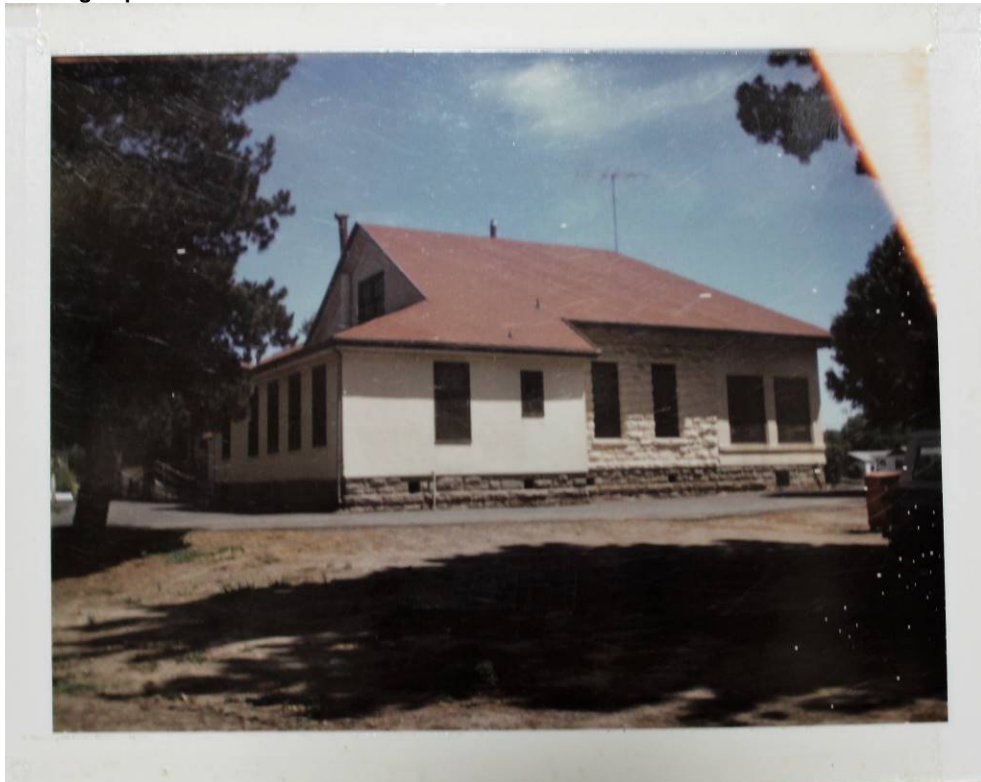


Figure 18: Hospital wing showing Victorian-period fabric at rear (north and west elevations), 1973, on file at Napa County Building Department.

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State



Figure 19: Women's Building with colonnade left of frame, 1973, on file at Napa County Building Department.



Figure 20: Men's Building, undated photo, early 1990s, on file at Napa County Building Department.

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State



Figure 21: Men's Buildings and Main Building with Hospital wing center frame and crescent lawn foreground, undated photo, early 1990s, on file at Napa County Building Department.



Figure 22: Detail, main entryway, Main Building, undated photo, early 1990s, on file at Napa County Building Department.

Napa County Infirmary Historic District
Name of Property

Napa, California
County and State



Figure 23: Women's Building, 1999, on file at Napa County Building Department.















A two-story building with a red roof and light-colored walls. The building features several windows, including a dormer window on the roof. A central entrance is visible with a ramp and stairs. The building is surrounded by landscaping, including bushes and trees.

An asphalt parking lot with white painted lines for parking spaces. A blue handicapped parking symbol is visible on the ground in one of the spaces. A concrete curb separates the parking lot from the building.

A tall, slender, light-colored lamp post with a spherical globe at the top. It is positioned near the building.

A second tall, slender, light-colored lamp post with a spherical globe at the top, located further to the right.

A blue handicapped parking sign with a white wheelchair icon and the text "HANDICAPPED" and "NO OTHER VEHICLES".

A smaller blue handicapped parking sign.

A small white rectangular sign on a lamp post.

A grey metal trash can located near the building.

A large, leafy green tree on the left side of the image, partially obscuring the building.

A tall, thin evergreen tree on the right side of the image.

A large, leafy green tree on the right side of the image, partially obscuring the building.







♿

OCLL
PARTNERING
WITH THE
COMMUNITY

24 MINUTE PARKING





B



B



A





B



B





A single-story building with a red roof and light-colored walls. The building has several windows and a central entrance with a ramp. A large tree with bare branches is in the foreground on the right, and a parking lot is visible in the lower left.

A paved parking lot with white lines marking the spaces. The lot is mostly empty, with a few small bushes in the foreground.

Two tall, light blue lamp posts with white globe lights. One is positioned near the center of the building, and the other is further to the left.

A row of tall, thin evergreen trees on the left side of the building. A large, leafy tree is partially visible behind the building.

A large, leafy tree on the right side of the building, with its branches extending over the roof. A large tree with bare branches is in the foreground on the right.











MECHANICAL ROOM

WASH HANDS



107







EXIT

Thank You
For Not Smoking



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Friday

5132

FIRE
EXTINGUISHER

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

Requested Action: Nomination

Property Name: Napa County Infirmary

Multiple Name: _____

State & County: CALIFORNIA, Napa

Date Received: 3/23/2018 Date of Pending List: 5/4/2018 1:22:35 PM Date of 16th Day: 4/27/2018 Date of 45th Day: 6/4/2018 Date of Weekly List: _____

Reference number: SG100002380

Nominator: State

Reason For Review:

- | | | |
|---|--|---|
| <input type="checkbox"/> Appeal | <input type="checkbox"/> PDIL | <input type="checkbox"/> Text/Data Issue |
| <input type="checkbox"/> SHPO Request | <input type="checkbox"/> Landscape | <input type="checkbox"/> Photo |
| <input type="checkbox"/> Waiver | <input type="checkbox"/> National | <input type="checkbox"/> Map/Boundary |
| <input type="checkbox"/> Resubmission | <input type="checkbox"/> Mobile Resource | <input type="checkbox"/> Period |
| <input checked="" type="checkbox"/> Other | <input type="checkbox"/> TCP | <input type="checkbox"/> Less than 50 years |
| | <input type="checkbox"/> CLG | |

Accept Return Reject 6/4/2018 Date

Abstract/Summary Comments: The Napa County Infirmary is locally significant under National Register Criteria A and C in the areas of Architecture, Health/Medicine, and Social History. Completed between 1912 and 1934, the Infirmary complex consists of three, reinforced concrete, Mission Revival-styled buildings built by Napa County to serve as a home for the local indigent population. Designed by prolific local architect W.H. Corlett, the Napa County Infirmary is significant for its role in the development and growth of Napa County and its governmental and social/health care institutions during the early twentieth century.

Recommendation/ Criteria: Accept NR Criteria A and C.

Reviewer Paul Lusignan Discipline Historian

Telephone (202)354-2229 Date 6/4/2018

DOCUMENTATION: see attached comments : No see attached SLR : **Yes**

If a nomination is returned to the nomination authority, the nomination is no longer under consideration by the National Park Service.



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A Commitment to Service

**NAPA COUNTY
OFFICE OF COUNTY COUNSEL**

1195 Third Street, Suite 301
Napa, CA 94559

Main: (707) 253-4521
Fax: (707) 259-8220

Deputies

Jeffrey M. Brax
Acting County Counsel

Jeffrey M. Richard
Chief Deputy County Counsel

Jennifer Yasumoto
Chief Deputy County Counsel

Silva Darbinian
Laura J. Anderson
Chris R. Y. Apallas
Susan B. Altman
Thomas S. Capriola
Jason M. Dooley
John L. Myers
Rachel L. Ross
Kathleen L. Ayers
Shana A. Bagley

May 4, 2018

(via e-mail)

Mr. Paul R. Lusignan
Historian, National Register of Historic Places
National Park Service
1849 C St., NW-MS 7228
Washington, DC 20240
Paul_Lusignan@nps.gov

RE: Extension Request for Nomination of "Napa Infirmary" to the National Register

Mr. Lusignan:

Napa County (County) is aware that your office recently received the nomination of the Napa County Infirmary to the National Register on March 23, 2018. The nomination by the California Historical Resources Commission was made over the objections of County, the property owner. County was not consulted, nor was the potential nomination discussed with County officials when the group Napa County Landmarks was preparing the nomination forms. County was only made aware of the nomination when it received notices from the Office of Historic Preservation.

Because the nomination was made over County's objection, County requests a 30-day extension of the 45-day review period set to expire on May 7, 2018 so that it may provide additional documentation for your review. I understand County is entitled to such 30-day extension based on the authority of 36 CFR 60.12(a).¹ The extension is necessary so that County may have an opportunity to further consult with its experts and supply your office with any additional information necessary to support rejection of the nomination pursuant to 36 CFR 60.6(t).

¹ (This action differs from the procedure for appeals during the review of a nomination by the National Park Service where an individual or organization may "petition the Keeper during the nomination process," as specified in §§ 60.6(t) and 60.9(i). Upon receipt of such petition the normal 45-day review period will be extended for 30 days beyond the date of the petition to allow the petitioner to provide additional documentation for review.) (Emphasis added.)

36 CFR 60.12.(a)

Lusignan
April 16, 2018
Page 2 of 2

Please inform me at your earliest convenience whether the extension will be granted and what the new deadline will be for submitting information based on the granting of the extension. Alternatively, please advise if an extension of time will not be granted and the grounds for denying County's request. I am available to discuss this matter at your convenience via e-mail at Chris.Apallas@countyofnapa.org and by phone at (707)259-8248. Please do not hesitate to contact me.

Regards,



Chris R. Y. Apallas
Deputy

Cc/d/CEO/OSR/NPS/Extensionrequest.docx

Napa County Infirmery Napa, Napa County Staff Report

The Napa County Infirmery Historic District consists of three hospital and dormitory buildings arranged facing a crescent-shaped drive. The district is located on the north side of Old Sonoma Road roughly 1.5 miles southwest of downtown Napa. The mixed-use neighborhood lies just east of State Route 29, and is characterized by modest-sized single family residences on the side streets, most of which were constructed over the course of the twentieth century. The historic district itself three contributing resources including the Men's Building, Hospital, and Women's Building. The crescent drive is landscaped with grass and a row of street trees. The district retains all seven aspects of historic integrity.

Constructed in 1912 and 1934, the buildings represent Napa County's need to bring its only public charitable institution up to date in order to meet the needs of a growing indigent population and conform to changing institutional standards in the twentieth century. The district is an excellent local example of two important architectural trends: cottage-plan institutional development and use of reinforced concrete in building construction. All three buildings were purpose-built for use by the Napa County Infirmery during the Period of Significance.

Napa County Infirmery Historic District is eligible for the National Register of Historic Places at the local level of significance under Criteria A and C. The Historic District is significant under Criterion A for its association with the development Napa County's government institutions and the subsequent growth of local government in response to population growth. The period of significance begins in 1912 with the construction of the two reinforced-concrete dormitory buildings flanking the main buildings on the site. The period of significance ends in 1962, when the institution ceased to function as a County Infirmery after the establishment of state and federal assistance programs lessened the need for locally funded public medical care.

The Historic District is also eligible under Criterion C at the local level for its architecture. The three buildings and crescent landscape feature are linked by plan and use and form a physical record of early-twentieth century institutional architecture. Its 1912 and 1934 buildings, designed by renowned local architect W. H. Corlett and constructed by E.W. Doughty and E.W. Arnitz, represent a very early use of technologically innovative reinforced concrete and are the first regional examples of a progressive cottage plan institution. They are also excellent examples of Corlett's ability to blend utilitarian considerations such as fireproof construction and cost-consciousness with aesthetically distinctive buildings with Mission features.

The property is nominated on behalf of Napa County Landmarks. Napa County, the public owner of the property, objects to the nomination. Staff supports the nomination as written and recommends the State Historical Resources Commission determine the Napa County Infirmery is eligible under National Register Criteria A and C at the local level of significance with a period of significance from 1912 to 1962. Staff recommends the State Historic Preservation Officer approve the nomination for forwarding to the National Park Service for listing on the National Register.

Jay Correia
January 9, 2018
Update March 19, 2018: Napa County Objection



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County Executive Office

1195 Third St.
Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4421
Fax: (707) 253-4176

Minh C. Tran
County Executive Officer

January 17, 2018

Office of Historic Preservation
Attn: Julianne Polanco, State Historic Preservation Officer
1725 23rd Street, Suite 100
Sacramento, CA 95816-7100

Re: Statement of Objection for listing of the Napa County Infirmary

Dear Ms. Polanco:

Napa County is the owner of the property referred to as the "Napa County Infirmary" located at 2344 Old Sonoma Road in Napa, California (the "Property") which has been nominated for listing on the National Register without consultation with the County. The County wishes to inform you that it is **opposed** to listing of the Property on the National Register.

We are committed to honoring Napa County's heritage, but we also have an obligation to meet the needs of our communities. As part of a long-range project to relocate our Health and Human Services Agency, since 2011, the County has invested significant staff and financial resources to analyze options for the site. The public outreach during this planning process has been thorough and inclusive. In 2013, the County concluded review under the California Environmental Quality Act and certified the document which included corresponding mitigation measures and a statement of overriding consideration for impacts associated with the resource you have been asked to list.

Since that time, the County has maintained course to further the goals and objectives for the property—creating affordable housing opportunities at a time when both market rate and affordable housing are greatly needed in Napa County and throughout the Bay Area and State of California. More than 1.5 million households in California are estimated to spend more than 50% of their income on rent. The median home price in Napa County is currently \$600,000 and the average rental price for a two-bedroom unit spans from \$1,000 per month (older apartment) to \$2,400 per month. A recent data report from the Gasser Foundation estimates that nearly 50% of Napa County's workforce earns at or below the County's median income.

In 2017, the County declared the Property as surplus, and is currently negotiating a sale under the Surplus Land Act (Government Code Section 54220 et seq.) for purposes of developing urgently needed housing that is affordable. To list the Property at this late stage will only create confusing and

false public expectations. A nomination, or listing, does not change the impact of the analysis already completed and adopted by the Board of Supervisors in accordance with State law and would only serve to inject uncertainty into the County's negotiations with potential purchasers. On January 9, 2018, the Napa County Board of Supervisors voted unanimously to oppose the nomination of the "Napa County Infirmary" for listing on the National Register.

Please contact Deputy County Executive Officer, Molly Rattigan, at (707) 253-4112 with questions or for additional information.

Sincerely,



Minh C. Tran
County Executive Officer

Cc: Napa County Board of Supervisors
Napa County Legislative Representatives



DEPARTMENT OF PARKS AND RECREATION
OFFICE OF HISTORIC PRESERVATION

Lisa Ann L. Mangat, Director

Julianne Polanco, State Historic Preservation Officer
1725 23rd Street, Suite 100, Sacramento, CA 95816-7100
Telephone: (916) 445-7000 FAX: (916) 445-7053
calshpo.ohp@parks.ca.gov www.ohp.parks.ca.gov



March 19, 2018

J. Paul Loether
Attention: Paul Lusignan
National Register of Historic Places
National Park Service 2280
1201 I (Eye) Street, NW
Washington, DC 20005

Subject: **Napa County Infirmary Historic District National Register of Historic Places Nomination**

Dear Mr. Loether:

The enclosed disk contains the true and correct copy of the nomination for Napa County Infirmary Historic District to the National Register of Historic Places. On February 2, 2018, at its regular quarterly meeting, held in Sacramento, the California State Historical Resources Commission (Commission) unanimously found the Napa County Infirmary Historic District eligible for the National Register.

Under Criterion A, the Commission found the infirmary eligible in the area of health and medicine for its association with the development of Napa County's government institutions, specifically health care. The property is also eligible at the local level under Criterion C in the area of Architecture. The three buildings and crescent drive are linked by plan and use, and form a physical record of early twentieth century institutional architecture. The infirmary is the first regional example of a progressive cottage plan institutional facility and represents an early use of reinforced concrete. The period of significance is 1912 to 1962.

Napa County Landmarks nominated the property to the National Register. The County of Napa, the owner of the property, objects to the nomination. If you have questions please contact Jay Correia at 916-445-7008 or jay.correia@parks.ca.gov.

Sincerely,

Julianne Polanco
State Historic Preservation Officer



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A Commitment to Service

Jeffrey M. Brax
Acting County Counsel

Jeffrey M. Richard
Chief Deputy County Counsel

Jennifer Yasumoto
Chief Deputy County Counsel

**NAPA COUNTY
OFFICE OF COUNTY COUNSEL**

1195 Third Street, Suite 301
Napa, CA 94559

Main: (707) 253-4521
Fax: (707) 259-8220



Deputies

Silva Darbinian
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Rachel L. Ross
Kathleen L. Ayers
Shana A. Bagley

June 1, 2018

(via e-mail)

Mr. Paul R. Lusignan
Historian, National Register of Historic Places
National Park Service
1849 C St., NW-MS 7228
Washington, DC 20240
Paul.Lusignan@nps.gov

Re: Objection to listing the Napa County Infirmary on the National Registry

Dear Ms. Lusignan:

Napa County is the owner of the property referred to as the "Napa County Infirmary" located at 2344 Old Sonoma Road in Napa, California (the "Property"), which has been nominated for listing on the National Register. On January 9, 2018, the Napa County Board of Supervisors voted unanimously to oppose the nomination of the Property for listing on the National Register. On February 2, 2018, over the County's objection, the California State Historical Resources Commission voted to forward the nomination to the National Keeper for final approval and listing. The County wishes to inform you that it remains **opposed** to listing of the Property on the National Register and hereby petitions the National Keeper to reject the nomination for the reasons set forth below.

The Board of Supervisors is committed to honoring Napa County's heritage, but it also has an obligation to meet the needs of our communities. As part of a long-range project to relocate our Health and Human Services Agency, the County has invested significant staff and financial resources to analyzing options for the Property, and conducted thorough and inclusive public outreach since 2011. In 2013, the County completed environmental review under the California Environmental Quality Act and certified mitigation measures and a statement of overriding consideration for impacts associated with the resource you have been asked to list.

Paul R. Lusignan

June 1, 2018

Page 2 of 2

The County remains committed to furthering the community's goals and objectives for the Property. It is especially important to create affordable housing opportunities, since both market rate and affordable housing are greatly needed in Napa County and throughout the Bay Area and State of California. Approximately 650 homes were destroyed as a result of the catastrophic firestorm that ravaged Napa County in October 2017, resulting in an instant loss of five percent of County's residential opportunities. This disaster has further intensified the need for housing in this community.

In addition, more than 1.5 million households in California are estimated to spend more than 50% of their income on rent. The median home price in Napa County is currently \$675,000 and the average rental price for a two-bedroom unit spans from \$1,000 to \$2,400 per month. A recent data report from the Gasser Foundation estimates that nearly 50% of Napa County's workforce earns at or below the County's median income.

The County declared the Property as surplus in 2017, and is currently attempting to negotiate a sale for the purpose of developing urgently needed affordable housing. Unfortunately, it appears some interested parties have been deterred from engaging in negotiations as a result of the pending nomination. To list the Property at this late stage would only create barriers to providing critical housing, as well as sow confusion and false public expectations. A listing would not change the impact of the analysis already completed and adopted by the Board of Supervisors in accordance with State law, and would only serve to inject uncertainty into the County's negotiations with a potential purchaser. The County therefore respectfully requests that you decline to list the Property on the National Register at this time.

Please contact Deputy County Executive Officer, Molly Rattigan, at (707) 253-4112 with questions or for additional information.

Sincerely,



Jeffrey M. Brax
Acting County Counsel

Cc: Napa County Board of Supervisors
Napa County Legislative Representatives

Cc/d//cco/OSR/KeeperObjection



COUNTY
OFFICE OF COUNTY COUNSEL
1195 Third Street, Suite 301
Napa, CA 94559

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RETURN SERVICE REQUESTED
ADDRESS CORRECTION



Mr. Paul R. Lusignan
Historian, National Register of Historic Places
National Park Service
1849 C St., NW-MS 7228
Washington, DC 20240

