

ANNUAL REPORT OF CONSTRUCTION AND REPAIR

Fiscal year ending June 30, 1941

(1)	(2)	(3)	(4)		(5)		(6)		(7)		(8)	
BUILD- ING No.	DESIGNATION OF BUILDINGS OR SYSTEMS	BRIEF DESCRIPTION OF IMPORTANT REPAIR WORK ACCOMPLISHED DURING THE FISCAL YEAR, COSTING \$100 OR MORE	REPAIR EXPENDITURES FOR THE PRESENT FISCAL YEAR		TOTAL REPAIR EXPENDITURES FROM THE DATE THE BUILD- ING OR SYSTEM WAS CONSTRUCTED TO JUNE 30, PRESENT FISCAL YEAR		TOTAL ORIGINAL COST, NOT INCLUDING REPAIRS, TO JUNE 30, PRESENT FISCAL YEAR		COST OF NEW CON- STRUCTION (INCLUDING ALTERATIONS AND ADDITIONS BUT NOT REPAIRS) DURING THE PRESENT FISCAL YEAR		REPLACEMENT VALUE JUNE 30, 1941 PRESENT FISCAL YEAR	
1	Barracks	General Repairs	\$	57 72	\$	2051 77	\$	6492 32	\$		\$	8000 00
	Caretake Qtrs.											
410	StoreHse, Shop	" "		50 15		*Unknown		2400 00				3000 00
29	Docks			94 35		"		*Unknown				
T-1	Barracks (63 men)	General Repairs		51 10		51 10		"				
T-2	"	" "		51 10		51 10		"				
T-3	"	" "		51 10		51 10		"				
T-4	"	" "		57 10		57 10		"				
T-5	"			51 10		51 10		"				
T-6	"			51 10		51 10		"				
T-7	"			51 10		51 10		"				
T-8	"			51 10		51 10		"				
T-9	"			51 10		51 10		"				
T-10	"			53 95		53 95		"				
T-11	"			56 59		56 59		"				
T-12	"			52 50		52 50		"				
T-13	"			52 50		52 50		"				
T-14	"			52 50		52 50		"				
T-15	Mess Hall			52 85		52 85		"				
T-16	" "			53 00		53 00		"				
T-17	" "			55 65		55 65		"				
T-18	" "			51 50		51 50		"				
T-19	" "			50 71		50 71		"				
				1199 87		3003 07		8892 32				11000 00
				1199 87		3049 07		8892 32				11000 00
SUB- TOTAL												

(1) BUILDING NO.	(2) DESIGNATION OF BUILDINGS OR SYSTEMS	(3) BRIEF DESCRIPTION OF IMPORTANT REPAIR WORK ACCOMPLISHED DURING THE FISCAL YEAR, COSTING \$100 OR MORE	(4) REPAIR EXPENDITURES FOR THE PRESENT FISCAL YEAR	(5) TOTAL REPAIR EXPENDITURES FROM THE DATE THE BUILD- ING OR SYSTEM WAS CONSTRUCTED TO JUNE 30, PRESENT FISCAL YEAR	(6) TOTAL ORIGINAL COST, NOT INCLUDING REPAIRS, TO JUNE 30, PRESENT FISCAL YEAR	(7) COST OF NEW CON- STRUCTION (INCLUDING ALTERATIONS AND ADDITIONS BUT NOT REPAIRS) DURING THE PRESENT FISCAL YEAR	(8) REPLACEMENT VALUE JUNE 30, 19..... PRESENT FISCAL YEAR
			\$ 51 25	\$ 51 25	\$ Unknown	\$	\$ Unknown
T-20	Day Room	General Repairs					
T-21	" "		58 96	58 96	"		"
T-22	" "		50 55	50 55	"		"
T-23	" "		50 25	50 25	"		"
T-24	" "		50 25	50 25	"		"
T-25	Co. Adm.		51 03	51 03	"		"
T-26	" "		56 05	56 05	"		"
T-27	" "		74 76	74 76	"		"
T-28	Theatre	Carp. Work	56 64	56 64	"		"
T-29	"		57 85	57 85	"		"
T-30	Off. Bldg.	General Repairs	51 50	51 50	"		"
T-31	" "		63 77	63 77	"		"
T-32	Storehouse	Repair Door 63.92	50 25	50 25	"		"
T-33	"	General Repairs	62 73	62 73	"		"
T-34	"	" "	51 75	51 75	"		"
T-35	"	" "	64 10	64 10	"		"
T-36	Post Exchange	Valve 13.85	52 71	52 71	"		"
T-37	Guard House	General Repairs	50 25	50 25	"		"
T-38	Infirmary	" "	51 34	51 34	"		"
T-39	Recreation	General Repairs	51 15	51 15	"		Unknown
T-40	Firehouse	" "					
SUB- TOTAL			1184 38	1184 38			

GRAND TOTAL _____ 3-8701

Fiscal year ending June 30, 19-----

[illegible]

(C. A.) (Dept.)	Station
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Fiscal year ending June 30, 1932...

3-870

First (C. A.) (Dept.) Station Fort Gatty, P.O.

RECORD OF EQUIPMENT AND CONDITION OF BUILDINGS

Date June 30, 1941

Reservation—Area 40.354 acres.

Name Fort Getty, R.I.

Location Newport County, R.I.

Established 6/22/1900 Government-owned 40.354 acres. Leased None acres.

Character of post Harbor Defense

Telegraph station Newport, R.I.

Freight station Newport, R.I.

Capacity: Officers 65 E 5 21 N.C.O.; Enl. men 760 8 52 E 35 E Animals -; Motor veh. -; Hosp. beds 50 21 Infirmary 50 Bed. Hosp

POST BLDG. No.	DESIGNATION OF BUILDING	Laundry Stoves	HOT-WATER HEATERS					Range Boilers	RANGES OR COOKERS					METERS					Toilets	Urinals	Kitchen Sinks	Washbasins	Laundry Tubs	Shower Baths	Bathrooms	Fire Extinguishers	Fire Buckets	Storm Windows	Screens	Designed Capacity	Present Occupancy	REMARKS ON CONDITION OF BUILDINGS
			Coal	Oil	Gas	Steam	Electric		Coal	Oil	Gas	Steam	Electric	Water	Gas	Oil	Steam	Electric														
	1. Housing																															
	A. Enlisted Men																															
	(1) Family Type																															
	(a) Permanent (None)																															
	(b) Temporary (None)																															
	(c) Emergency																															
	(2) Barracks Type																															
	(a) Permanent																															
✓ 1	(b) Temporary																															
	(None)																															
	(c) Emergency																															
✓ T-1	Barracks																													10		
✓ T-2	"																													63p	18	
✓ T-3	"																													63p	42	
✓ T-4	"																													63p	45	
✓ T-5	"																													63p	48	
✓ T-6	"																													"	46	
✓ T-7	"																													"	46	
✓ T-8	"																													"	46	
✓ T-9	"																													"	41	
✓ T-10	"																													"	47	
✓ T-11	"																													"	32	
✓ T-12	"																													"	45	
✓ T-13	"																													"	57	
✓ T-14	"																													"	58	
	B. Officers																															
	(1) Family Type																															
	(a) Permanent																															
	(None)																															
	(b) Temporary																															
	(None)																															
	(c) Emergency																															
✓ T-30	Officer quarters																													40p	30	
✓ T-31	"																													25p	5	
	C. Mess Hall																															
	(1) Perm (None)																															
	(2) Temp. (None)																															
	(3) Emerg. (None)																															
✓ T-15	Mess Hall																													170p	-	
✓ T-16	"																													170p	-	
✓ T-17	"																													170p	-	

RECORD OF EQUIPMENT AND CONDITION OF BUILDINGS

Page (2)

NAME OF POST Fort Getty, R. I.

DATE June 30, 1941

POST BLDG. No.	DESIGNATION OF BUILDING	Laundry Stoves	HOT-WATER HEATERS					Range Boilers	RANGES OR COOKERS					METERS					Toilets	Urinals	Kitchen Sinks	Washbasins	Laundry Tubs	Shower Baths	Bathtubs	Fire Extinguishers	Fire Buckets	Storm Windows	Screens	Designed Capacity	Present Occupancy	REMARKS ON CONDITION OF BUILDINGS
			Coal	Oil	Gas	Steam	Electric		Coal	Oil	Gas	Steam	Electric	Water	Gas	Oil	Steam	Electric														
	C. Mess Halls																															
	(c) Emergency																															
✓ T-18	Mess Hall																												170p	170	Good	
✓ T-19	" "																												170p	170	"	
T-	D. Storage																															
	(1) Permanent																															
✓ 410	Sthse & Shop																												800	SF	Fair	
	(2) Temp. (None)																															
	(3) Emerg.																															
✓ T-25	Co. Adm.																												657	SF		
✓ T-26	" "																												657	SF		
✓ T-27	" "																												657	SF		
✓ T-28	" "																												657	SF		
✓ T-29	" "																												657	SF		
✓ T-32	Sthse																												2700	SF		
✓ T-33	"																												1371	SF		
T-34	"																															
T-35	"																															
	E. Stables (none)																															
	F. Garages (None)																															
	G. Hospital Bldgs																															
	(1) Perm (None)																															
	(2) Temp (None)																															
	(3) Emerg.																															
T-100	Admn. Bldg.																												3675	SF		
T-101	Hosp. Qtrs & Mess																												5p	-		
T-102	Hosp. Qtrs (Nurses)																												6p			
T-103	Hosp. Ward																												26p			
T-104	" "																												14 p 10p		Gu. clinic	
T-105	" Barracks																												35p			
T-106	Heating Plant																												3		Boilers	
T-107	Hosp. Mess																												72p	72		
T-108	Hosp. Sthse																												1075	SF		
	H. Misc. Bldgs																															
	(1) Heated																															
✓ T-20	Day Room																												1152			
✓ T-21	" "																												1152			
✓ T-22	" "																												1152			
✓ T-23	" "																												1152			

16-8780

INSTRUCTIONS.—Preamble, opposite "Capacity" give total number that can be accommodated in all the buildings at the post available for the purpose indicated.

In each column headed "Laundry Stoves," "Ranges," etc., give number installed in the building indicated.

Ranges: Indicate separate meter for cooking or heating by placing star (*) after number of ranges.

In column headed "Capacity" give capacity of building in accordance with the instructions for the preparation of Historical Records, Form 117 (Old Form 173 a).

_____ acres. Leased None acres.

: Hosp. beds 50 Bed. Hosp10-8780

RECORD OF EQUIPMENT AND CONDITION OF BUILDINGS

Date June 30, 1940

Reservation—Area 31.671 acres.

Name Fort Getty, Rhode Island Location Newport County, R.I. Established 6/22/00 Government-owned 31.671 acres. Leased None acres.

Character of post Harbor Defense Telegraph station Newport, Rhode Island Freight station Newport, Rhode Island

Capacity: Officers 0; N. C. O. 0; Enl. men 10 75; Animals 0; Motor veh. 0; Hosp. beds 0

POST BLDG. No.	DESIGNATION OF BUILDING	Laundry Stoves	HOT-WATER HEATERS					Range Boilers	RANGES OR COOKERS					METERS					Toilets	Urinals	Kitchen Sinks	Washbasins	Laundry Tubs	Shower Baths	Bathtubs	Fire Extinguishers	Fire Buckets	Storm Windows	Screens	Designed Capacity	Present Occupancy	REMARKS ON CONDITION OF BUILDINGS
			Coal	Oil	Gas	Steam	Electric		Coal	Oil	Gas	Steam	Electric	Water	Gas	Oil	Steam	Electric														
1	Permanent Barracks Barracks (Car taker's str)	0	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1	1	2	2	2	1	4	0	2	2	10	1 NCO	Fair	
	Permanent Miscel. Buildings																															
410	Storehouse & Shop	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	800	5.F.	Fair	

RECORD OF EQUIPMENT AND CONDITION OF BUILDINGS

Date June 30, 1939

Reservation—Area 31.671 acres.

Name	Fort Getty, Rhode Island	Location	Newport County, R. I.	Established	6/22/00	Government-owned	31.671	acres.	Leased	None	acres.
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Character of post Harbor Defense Telegraph station Newport, Rhode Island Freight station Newport, Rhode Island

Capacity: Off. 0; W. off. and ft. cls. 0; N. C. O. 0; Enl. men 10 ✓; Animals _____; Motor veh. 0; Hosp. beds 0

[illegible]

RECORD OF EQUIPMENT AND CONDITION OF UTILITIES

At Fort Getty, R. I.

Date June 30, 1941

[illegible]

RECORD OF EQUIPMENT AND CONDITION OF UTILITIES

Date June 30, 1941

At Fort Getty, R.I.

RAILROADS	CONNECTING RAILROAD AT POST		TRACK GAUGE	WEIGHT OF RAIL	KIND OF RAIL	MAINTAINED BY—	GOVERNMENT OWNED		RAILROAD OWNED		TOTAL TURNOUTS	TOTAL MILES TRACK
	MILES TRACK	TURNOUTS	MILES TRACK	TURNOUTS								
	None w/											

WHARVES	POST BLDG. No.	MATERIALS					DIMENSIONS		ELEVATION OF DECK		DEPTH OF MEAN LOW WATER	DIFFICULTIES IN MAINTAINING AND REPAIRING WHARF	REPAIRS MADE	
		SUBSTRUCTURE	DECK	SUPER-STRUCTURE	BACKFILL	TREATED OR UNTREATED	WHARF	APPROACH	H. W.	L. W.			KIND	DATE
		Piles	Plank	None	---	Treated	70'0x40'-6"		5' 5"	9'	9'	None	New	
* Constructed by COM and turned over May 23, 1941														

TARGET RANGES	LOCATION		AREA		GOVERNMENT OWNED		LEASED		FACILITIES			
	CONDITION	No.	TARGETS INSTALLED		RANGE YARDS	TARGETS		BUTTS		TRENCH		
			TYPE	WIDTH		INTERVAL	WIDTH	LENGTH		WIDTH	HOW DRAINED	
Good	1	small calibre	50 ft.									Water connections
"	1	target house										Sewer connections
		size: 17'x25'										Telephone
												Electric lights

BOILER AND POWER PLANTS	IN BLDG. No.	CONDITION	ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT	REFRIGERATING PLANTS	IN BLDG. No.	CONDITION	ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT

WATER PUMPING PLANTS	IN BLDG. No.	CONDITION	ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT	HEATING	IN BLDG. No.	CONDITION	ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT
							See F-115 for new bldg. details.

SEWAGE PUMPING PLANTS	IN BLDG. No.	CONDITION	ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT	HEATING	IN BLDG. No.	CONDITION	ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT

FENCES	RESERVATION			INTERIOR		
	CONDITION	KIND	LENGTH	CONDITION	KIND	LENGTH
			as of Aug 1941 - .5 mi			

INSTRUCTIONS.—This report will be prepared annually as directed in paragraph 8, A. R. 30-1770.

Under the heading "Extensions, additions, alterations, or replacements" any changes that have been made in the equipment of the utility referred to during the present fiscal year will be reported. Opposite "Heating" report changes in the square feet of radiation installed in buildings or boilers in individual heating plants. If there have been no additions or alterations statement to that effect will be made.

RECORD OF EQUIPMENT AND CONDITION OF UTILITIES

At Fort Getty, R. I.

Page (3) (Agenda) *

Date June 30, 1941

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(SEE OTHER SIDE)

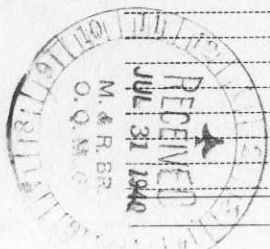
RECORD OF EQUIPMENT AND CONDITION OF UTILITIES

At Fort Getty, Rhode Island

Date June 30, 1940

POST NAME OF STREET OR ROAD	ROADS				WALKS				CONDITION	EXTENSIONS OR ALTERATIONS				
	KIND	LENGTH MILES OR FEET	WIDTH FEET	CONDITION	KIND	LENGTH MILES OR FEET	WIDTH FEET	CONDITION		KIND	DIAM.	LENGTH	REMARKS	
None	W.D. Macadam	2530'	12	Fair	None				WATER MAINS	Poor	C.I.	6"	3085	
None	Band Clay	1500'	12	Fair						Poor	"	4"	1208	
										Poor	Gal. pipe	2"	300	
										Poor	" "	1"	184	
									DRAINAGE		None			
									SEWER MAINS	Poor	Terra Cotta	6"	100'	
									GAS MAINS		None			
ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT														
	WATER TREATMENT PLANTS	None												
	SEWAGE TREATMENT PLANTS	None												
	ELECTRICAL EQUIPMENT	Distribution system 300 feet. Condition - Good All outside equipment property of Newport Electric Corporation.												
		No change in system												
	TOTAL	4030'				TOTAL	None							

(SEE OTHER SIDE)



RECORD OF EQUIPMENT AND CONDITION OF UTILITIES

At Fort Getty, R.I.

Date June 30, 1940

RAILROADS	CONNECTING RAILROAD AT POST		TRACK GAUGE	WEIGHT OF RAIL	KIND OF RAIL	MAINTAINED BY—	GOVERNMENT OWNED		RAILROAD OWNED		TOTAL TURNOUTS	TOTAL MILES TRACK
	MILES TRACK	TURNOUTS	MILES TRACK	TURNOUTS								
	None											

WHARVES	POST BLDG. No.	MATERIALS					DIMENSIONS		ELEVATION OF DECK		DEPTH OF MEAN LOW WATER	DIFFICULTIES IN MAINTAINING AND REPAIRING WHARF	REPAIRS MADE	
		SUBSTRUCTURE	DECK	SUPER-STRUCTURE	BACKFILL	TREATED OR UNTREATED	WHARF	APPROACH	H. W.	L. W.			KIND	DATE
		None												

TARGET RANGES	LOCATION		AREA		GOVERNMENT OWNED		LEASED				
	CONDITION	TARGETS INSTALLED		RANGE YARDS	TARGETS		BUTTS		TRENCH		FACILITIES
		No.	TYPE		WIDTH	INTERVAL	WIDTH	LENGTH	WIDTH	HOW DRAINED	
											Sewer connections
											Telephone
											Electric lights

BOILER AND POWER PLANTS	IN BLDG. No.	CONDITION	ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT	REFRIGERATING PLANTS	IN BLDG. No.	CONDITION	ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT

WATER PUMPING PLANTS	IN BLDG. No.	CONDITION	ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT	HEATING	IN BLDG. No.	CONDITION	ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT

FENCES	RESERVATION			INTERIOR		
	CONDITION	KIND	LENGTH	CONDITION	KIND	LENGTH

INSTRUCTIONS.—This report will be prepared annually as directed in paragraph 8, A. R. 30-1770.

Under the heading "Extensions, additions, alterations, or replacements" any changes that have been made in the equipment of the utility referred to during the present fiscal year will be reported. Opposite "Heating" report changes in the square feet of radiation installed in buildings or boilers in individual heating plants. If there have been no additions or alterations statement to that effect will be made.

RECORD OF EQUIPMENT AND CONDITION OF UTILITIES

At Fort Getty, Rhode Island

Date June 30, 1939

[illegible]

RECORD OF EQUIPMENT AND CONDITION OF UTILITIES

Date _____															
RAILROADS	CONNECTING RAILROAD AT POST					TRACK GAUGE	WEIGHT OF RAIL	KIND OF RAIL	MAINTAINED BY—	GOVERNMENT OWNED		RAILROAD OWNED		TOTAL TURNOUTS	TOTAL MILES TRACK
	None									MILES TRACK	TURNOUTS	MILES TRACK	TURNOUTS		
WHARVES	POST BLDG. No.	MATERIALS				DIMENSIONS		ELEVATION OF DECK		DEPTH OF MEAN LOW WATER	DIFFICULTIES IN MAINTAINING AND REPAIRING WHARF	REPAIRS MADE			
		SUBSTRUCTURE	DECK	SUPER-STRUCTURE	BACKFILL	TREATED OR UNTREATED	WHARF	APPROACH	H. W.			L. W.	KIND	DATE	
	None														
TARGET RANGES	LOCATION _____ AREA _____ GOVERNMENT OWNED _____ LEASED _____														
	CONDITION	TARGETS INSTALLED				RANGE YARDS	TARGETS		BUTTS		TRENCH		FACILITIES		
		No.	TYPE				WIDTH	INTERVAL	WIDTH	LENGTH	WIDTH	HOW DRAINED			
		None													
BOILER AND POWER PLANTS	IN BLDG. No.	CONDITION	ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT				REFRIGERATING PLANTS	IN BLDG. No.	CONDITION	ADDITIONS, ALTERATIONS, OR REPLACEMENTS IN EQUIPMENT					
			None							None					
WATER PUMPING PLANTS			None				HEATING								
SEWAGE PUMPING PLANTS			None							Heated by stoves					
FENCES	RESERVATION			INTERIOR											
	CONDITION	KIND	LENGTH	CONDITION	KIND	LENGTH									
	Good	Wire	2582'	None											

INSTRUCTIONS.—This report will be prepared annually as directed in paragraph 8, A. R. 30-1770. Under the heading "Extensions, additions, alterations, or replacements" any changes that have been made in the equipment of the utility referred to during the present fiscal year will be reported. Opposite "Heating" report changes in the square feet of radiation installed in buildings or boilers in individual heating plants. If there have been no additions or alterations statement to that effect will be made.

ELECTRIC LIGHTING AND POWER

At Fort Getty, Rhode Island

Date June 30, 1941

1. Post generating plant, active or inactive None Original cost -----
Date completed ----- Total capacity -----

2. If purchased, give name and address of contracting firm Newport Electric Corporation
479 Thames St., Newport, R. I.

3. Incoming lines at reservation boundary: Voltage ----- Phase -----
Frequency ----- Number of conductors ----- Aerial or underground -----
Length of line from contractor's plant or substation, in miles ----- or feet -----

4. Service lines from reservation boundary to substation: Owner -----
Length, in miles ----- or feet ----- Aerial or underground -----
Number of: Poles ----- Manholes ----- Height of poles ----- How treated -----
Kind of: Poles ----- Manholes ----- Duct -----

5. Substation: Original cost ----- Date completed -----
Type of construction ----- Dimensions -----
Main transformer bank: Owner -----
Quantity ----- Manufacturer -----
Name-plate data -----

Mounted outdoor or indoor ----- Connection of windings: Primary ----- Secondary -----
Lightning arresters: Quantity ----- Manufacturer -----
Name-plate data -----
Where and how mounted -----
Switchboard: Material ----- Dimensions -----
Number of panels ----- Number of oil breakers ----- Number of air switches -----
List of instruments -----

Number of circuits leaving station ----- Aerial or underground -----
Voltage regulators: Quantity ----- Manufacturer -----
Name-plate data -----

Street-lighting regulators: Quantity ----- Manufacturer -----
Name-plate data -----

Other Government-owned apparatus -----

Apparatus owned by contractor, including metering facilities -----

6. Distribution system: Original cost _____ Date completed _____

Aerial or underground _____ Phase _____ Number of conductors _____

Voltage: Primary _____ Secondary: Power _____ Light _____

Length, in miles _____ or feet _____ Number of poles _____ Kind of poles _____

Number of: Cross arms _____ Insulators _____ Manholes _____

Kind of: Cross arms _____ Insulators _____

Kind of: Manholes _____ Duct lines _____

Number of lightning arresters _____ Type _____ Manufacturer _____

Number of distribution transformers in service See Aug. 1941 Aggregate K. V. A. _____

Method of mounting transformers _____

Method of grounding arresters, tanks and neutral _____

7. Exterior lighting system: Original cost _____ Date completed _____

Series or multiple _____ Voltage or amperage _____

Number of lamps 16 as of Aug. 1941 Wattage or lumens 3200 wattage capacity as of Aug. 1941

B. & S. gage of conductors _____ Length of system _____

Type of fixtures _____ How mounted _____

8. Interior installations: Lighting, total kilowatts connected 1.3

Ranges: Total kilowatts connected 0 Number installed 0

Water heaters: Total kilowatts connected 0 Number installed 0

Air heaters: Total kilowatts connected 0 Number installed 0

Fans: Number of A. C. installed 0 Number of D. C. installed 0

Motors: A. C., total horsepower connected _____ Number installed _____

Motors: D. C., total horsepower connected _____ Number installed _____

List miscellaneous Government-owned apparatus, giving group designations, total quantities, and total kilowatt ratings: Items #1, 3, 4, 5, and 7 are not applicable to this post. All equipment owned by Newport Electric Corporation.

Privately owned appliances: Total kilowatts connected (estimated) _____

Enter pertinent information on motors, except desk and bracket fans on reverse side of this sheet.

9. This space for use of O. Q. M. G.

[illegible]

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Slight modifications, alterations, or additions will be promptly reported to the Quartermaster General, giving all particulars with notation to be made which would effect correction. It is not necessary to submit new forms when reporting such slight modifications, etc. Inasmuch as these forms are used to check upon the electric system in operation, entries thereon will be checked annually, or oftener, if necessary, and reported for correction. Entries hereon will be considered accurate at all times.

U. S. GOVERNMENT PRINTING OFFICE 3-024

As of Aug. 1941:
Dist. between lines - 2.46 miles

ELECTRIC LIGHTING AND POWER

At Fort Getty, Rhode Island

Date June 30, 1940

1. Post generating plant, active or inactive <u>None</u> Original cost <u>-----</u> Date completed <u>-----</u> Total capacity <u>-----</u>			
2. If purchased, give name and address of contracting firm <u>Newport Electric Corporation</u> <u>Newport, Rhode Island</u>			
3. Incoming lines to substation or junction with post system: Owner <u>Newport Electric Corporation</u>		4. Substation: Original cost <u>-----</u> Date completed <u>-----</u>	
Voltage <u>-----</u> Frequency <u>-----</u> Phase <u>-----</u> Number of conductors <u>-----</u>		Type <u>-----</u> Construction <u>-----</u> Dimensions <u>-----</u>	
B. & S. gauge <u>-----</u> Insulated or bare <u>-----</u> Solid or stranded <u>-----</u>		Transformers: Quantity <u>-----</u> Manufacturer <u>-----</u>	
Aerial or underground <u>-----</u> Length of line from contractor's plant or substation, in miles <u>-----</u>		Name-plate data <u>-----</u>	
Length of line on reservation, in miles <u>-----</u> Or feet <u>-----</u>		Mounted outdoor or indoor <u>-----</u> Connection of windings: Primary and secondary <u>-----</u>	
Number of poles <u>-----</u> Height <u>-----</u> Kind <u>-----</u> How treated <u>-----</u>		Lightning arresters: Quantity <u>-----</u> Manufacturer <u>-----</u>	
Number of manholes <u>-----</u> Dimensions <u>-----</u> How constructed <u>-----</u>		Name-plate data <u>-----</u>	
5. Distribution system. Original cost <u>-----</u> Date completed <u>-----</u>		Where and how mounted <u>-----</u>	
Aerial or underground <u>-----</u> Phase <u>-----</u> Number of conductors <u>-----</u>		Switchboard: Material <u>-----</u> Dimensions <u>-----</u>	
Voltage: Primary <u>-----</u> Secondary <u>-----</u> Power <u>-----</u> Light <u>-----</u>		Number of panels <u>-----</u> Number of oil breakers <u>-----</u> Number of air switches <u>-----</u>	
Length in miles <u>-----</u> or feet <u>-----</u> Kind of poles <u>-----</u> Kind of cross arms <u>-----</u>		List of instruments <u>-----</u>	
Ducts <u>-----</u> Manholes <u>-----</u> Insulators <u>-----</u>		Number of circuits leaving station <u>-----</u>	
Number of poles <u>-----</u> Cross arms <u>-----</u> Manholes <u>-----</u> Insulators <u>-----</u>		Voltage regulators: Quantity <u>-----</u> Manufacturer <u>-----</u>	
Number of lightning arresters <u>-----</u> Type <u>-----</u> Manufacturer <u>-----</u>		Name-plate data <u>-----</u>	
Where mounted <u>-----</u> How connected <u>-----</u>		Street-lighting regulators: Quantity <u>-----</u> Manufacturer <u>-----</u>	
Method of grounding arresters <u>-----</u>		Name-plate data <u>-----</u>	
Number of transformers in service <u>-----</u> Aggregate K. V. A. <u>-----</u>		Other Government-owned apparatus <u>-----</u>	
Method of mounting <u>-----</u> Method of grounding cases and neutral conductors <u>-----</u>		Apparatus owned by contractor, including metering facilities <u>-----</u>	
6. Interior installations. Government owned		7. Exterior lighting system: Cost <u>-----</u> Date completed <u>-----</u>	
Lighting: Total kilowatt connected <u>1.3</u> Total number of sockets <u>-----</u>		Series of multiple <u>-----</u> Voltage or amperage <u>-----</u>	
Ranges: Total kilowatt connected <u>0</u> Number installed <u>0</u>		Number of lamps <u>-----</u> Wattage or candlepower <u>-----</u>	
Water heaters: Total kilowatt connected <u>0</u> Number installed <u>0</u>		B. & S. gauge of conductors <u>-----</u> Length of system <u>-----</u>	
Air heaters: Total kilowatt connected <u>0</u> Number installed <u>0</u>		Type of fixtures <u>-----</u> How mounted <u>-----</u>	
Fans: Number of A. C. installed <u>0</u> Number of D. C. installed <u>0</u>			
Motors: A. C., total horsepower connected <u>-----</u> Number installed <u>-----</u>			
Motors: D. C., total horsepower connected <u>-----</u> Number installed <u>-----</u>			
List miscellaneous Government-owned apparatus, giving group designations: Total quantities and total kilowatt ratings <u>-----</u>			
Items #1, 3, 4, 5, and 7 are not applicable to this post.			
All equipment owned by Newport Electric Corporation.			
Give total kilowatt connected load of privately owned appliances (estimated) <u>-----</u>			
8. Enter pertinent information on motors, except desk and bracket fans, in proper columns on reverse side of this sheet <u>-----</u>			

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ELECTRIC LIGHTING AND POWER

June 30, 1933

At Fort Getty, Rhode Island

Date

1. Post generating plant, active or inactive <u>None at Post</u> Original cost <u>--</u> Date completed <u>--</u> Total capacity <u>--</u>	
2. If purchased, give name and address of contracting firm <u>Newport Electric Corporation, Newport, Rhode Island</u>	
3. Incoming lines to substation or junction with post system: Owner <u>Newport Electric Corp.</u>	
Voltage <u>2300</u> Frequency <u>60</u> Phase <u>3</u> Number of conductors <u>3</u>	
B. & S. gauge <u>#6</u> Insulated or bare <u>Insulated</u> Solid or stranded <u>Stranded</u>	
Aerial or underground <u>aerial</u> Length of line from contractor's plant or substation, in miles <u>--</u>	
Length of line on reservation, in miles <u>--</u> Or feet <u>--</u>	
Number of poles <u>--</u> Height <u>--</u> Kind <u>--</u> How treated <u>--</u>	
Number of manholes <u>--</u> Dimensions <u>--</u> How constructed <u>--</u>	
5. Distribution system. Original cost <u>Unknown</u> Date completed <u>Unknown</u>	
Aerial or underground <u>aerial</u> Phase <u>3</u> Number of conductors <u>3</u>	
Voltage: Primary <u>2300</u> Secondary <u>110</u> Power <u>None</u> Light <u>110</u>	
Length in miles <u>--</u> or feet <u>300</u> Kind of poles <u>Pine</u> Kind of cross arms <u>Pine</u>	
Ducts <u>--</u> Manholes <u>--</u> Insulators <u>Brown Porcelain</u>	
Number of poles <u>3</u> Cross arms <u>3</u> Manholes <u>--</u> Insulators <u>6</u>	
Number of lightning arresters <u>0</u> Type <u>--</u> Manufacturer <u>--</u>	
Where mounted <u>None mounted</u> How connected <u>--</u>	
Method of grounding arresters <u>Non grounded</u>	
Number of transformers in service <u>1</u> Aggregate K. V. A. <u>5 KVA</u>	
Method of mounting <u>Top of pole</u> Method of grounding cases and neutral conductors <u>Not grounded</u>	
6. Interior installations. Government owned	
Lighting: Total kilowatt connected <u>.560 KW</u> Total number of sockets <u>14</u>	
Ranges: Total kilowatt connected <u>--</u> Number installed <u>--</u>	
Water heaters: Total kilowatt connected <u>--</u> Number installed <u>--</u>	
Air heaters: Total kilowatt connected <u>--</u> Number installed <u>--</u>	
Fans: Number of A. C. installed <u>--</u> Number of D. C. installed <u>--</u>	
Motors: A. C., total horsepower connected <u>--</u> Number installed <u>--</u>	
Motors: D. C., total horsepower connected <u>--</u> Number installed <u>--</u>	
List miscellaneous Government-owned apparatus, giving group designations: Total quantities and total kilowatt ratings <u>--</u>	
Give total kilowatt connected load of privately owned appliances (estimated) <u>None</u>	
8. Enter pertinent information on motors, except desk and bracket fans, in proper columns on reverse side of this sheet	
7. Exterior lighting system: Cost <u>--</u> Date completed <u>--</u>	
Series of multiple <u>--</u> Voltage or amperage <u>--</u>	
Number of lamps <u>--</u> Wattage or candlepower <u>--</u>	
B. & S. gauge of conductors <u>--</u> Length of system <u>--</u>	
Type of fixtures <u>--</u> How mounted <u>--</u>	
Remarks.	
Interior fixtures - government owned. All other	
equipment owned by Newport Electric Co., Newport, R.I.	
Other Government-owned apparatus <u>None at Fort Getty, Rhode Island</u>	
Apparatus owned by contractor, including metering facilities <u>--</u>	

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Slight modifications, alterations, or additions will be promptly reported to the Quartermaster General, giving all particulars with notation to be made which would affect operation. It is not necessary to submit new forms when reporting such slight modifications, etc. Inasmuch as these forms are used to check upon the electric system in operation, entries hereon will be checked annually, or oftener, if necessary, and reported for correction. Entries hereon will be considered accurate at all times.

DEC 1941

At FORT GETTY

3-9642

Date October 31, 19 41

-20-

TRANSFORMERS

3-9642

Date JUNE 30, 1941

[illegible]

HOUSE LIGHTING AND WATT-HOUR METERS

3-9641

Date JUNE 30, 1941

[illegible]

HOUSE LIGHTING AND WATT-HOUR METERS

At FORT GETTY, RHODE ISLAND

3-9641

Date JUNE 30, 1941

[illegible]

INSTRUCTIONS.—This form is for permanent record and will be used when new buildings, systems, general remodeling or extensive additions are completed and turned over for use.

Forms will be prepared in triplicate. One copy of each form will be retained at the station where prepared, one copy will be forwarded to the Department or Corps Area Commander and one copy (the original) will be forwarded to the Quartermaster General. At independent stations, forms will be prepared in duplicate, one copy will be retained at the station and the original will be forwarded to the Quartermaster General.

Slight modifications, alterations, or additions will be promptly reported to the Quartermaster General, giving the post number and designation of buildings concerned, with notations to be made which would affect lighting allowances. It is not necessary to submit new forms when reporting such slight modifications, etc. Inasmuch as these forms are used to check and determine lighting allowances, data pertaining to authorized outlets and lamps will be checked annually, or oftener if necessary, and reported for correction. Entries hereon will be considered accurate at all times.

This space for use of O. Q. M. G. to record
semiannual correction dates

[illegible]

At Fort Getty, Rhode Island

3-9641

Date June 30, 1940

[illegible]

3-9641

Date June 30, 1933.

[illegible]

WATER SUPPLY SYSTEM AND WATER PUMPING PLANTS

At FORT GETTY, RHODE ISLAND

DATE JUNE 30, 1941

1. Source of water supply <u>pond</u>	6. Maximum gallons per day available <u>Unlimited</u>	12. Pressures { a. Maximum <u>40</u> near Bldg. No. <u>T-1</u> b. Minimum <u>40</u> near Bldg. No. <u>T-31</u> c. Normal for post <u>40</u> d. At highest fixture <u>30</u> in Bldg. No. <u>T-31</u>
2. Sanitary conditions surrounding source of supply <u>Good</u>	7. Has the capacity of the supply been fully developed? <u>Yes</u>	
3. Consumption—gallons { a. Maximum day <u>Not Recorded</u> b. Minimum day <u>Not Recorded</u> c. Daily average for year <u>760</u>	8. Number and size of connections (city supply) <u>1" & 6"</u>	
4. Population supplied { a. Maximum month <u>4</u> b. Minimum month <u>4</u> c. Daily average for year <u>None</u>	9. State size, type, make, and capacity of meters <u>"Hershey" - 6"</u>	
5. Animals supplied—daily average <u>None</u>	10. Number of automatic flush valves <u>None</u>	13. Water temperature: Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. Maximum day <u>Not Recorded</u> Minimum day <u>Not Recorded</u> Monthly average <u>Not Recorded</u>
15. Description of source of supply, sanitary conditions, and how water distribution system is operated: <u>Water is supplied by the Jamestown Water Works, Jamestown, R. I., situated on Conanicut Island, and is pumped from the pond into a stand pipe, creating gravity flow through the mains, to a point where government connections are made.</u>	11. Are pressures satisfactory to operate flush valves?	14. Average cost, water delivered (1,000 gal.) <u>\$0.50 per. M Gals.</u>

16. Description of pump operation:

17. WELL DATA						19. CENTRIFUGAL AND DIRECT-ACTING PUMPS									
WELL No.—	1	2	3	4	5	PUMP No.—	1	2	3	4	5	6	7	8	9
Total depth—feet		<u>None</u>				Where installed—Bldg. No.		<u>None</u>							
Size of casing and material						Name of manufacturer									
Length of screen and material						Capacity—g. p. m.									
Size of screen openings						Design head—feet									
Standing water level—feet						Speed—r. p. m.									
Capacity—g. p. m.						Driving unit									
Drawdown—feet						H. P. of driver									
When drilled						Voltage									
Cost						Electric current									
How pumped						Phase									
Where is log available?						Cycles									
18. DEEP-WELL PUMPS						20. Remarks on pumps covered by 18 or 19:									
Name of manufacturer						Direct or belt driven									
Type	<u>None</u>					Suction lift or head—feet									
Capacity—g. p. m.						Discharge head—feet									
Head—feet						Automatic or manual start									
Driving unit						Unit Serial No.									
H. P. of driver						Date installed									
Speed						Cost									
Depth of setting—feet															
Voltage															
Electric current															
Phase															
Cycles															
Date installed															
Cost															

21. AIR LIFT PUMPS						22. AIR COMPRESSORS					23. WATER ANALYSIS—P. P. M.				
INSTALLED IN—	WELL No. 1	WELL No. 2	WELL No. 3	WELL No. 4	WELL No. 5	UNIT—	No. 1	No. 2	No. 3	No. 4		RAW	DELIVERED		
Starting pressure.....						Where installed—Bldg. No.					Total hardness as CaCO ₃		47.8		
Operating pressure.....						Name of manufacturer.....					Alkalinity (M. O.).....		34.9		
Depth of setting.....						Speed—r. p. m.....					pH value.....		6.1		
Diameter of foot piece.....						Capacity—cu. ft. per min.....					Total iron.....		1.9		
Diameter of air line.....						Pressure—pounds.....					Magnesium.....		4.0		
Diameter of eduction pipe.....						Cylinder diameter.....					Calcium.....		9.0		
Date installed.....						Stroke length.....					Sulphates as SO ₄		.23		
Cost.....						Driving unit.....					Chlorides as Cl.....		.13		
Remarks on equipment (cols. 21 and 22):						H. P. of driver.....					Average color.....		5.6		
						Direct or belt driven.....					Average turbidity.....				0
						Unit Serial No.					Date of analysis.....				2/27/48
						Date installed.....					Where was sample taken.....				Fort Getty
						Cost.....					By whom made.....				Med. Corp

24. ACTION OF DELIVERED WATER ON PIPE LINES, HEATERS, ETC.										
MATERIAL--	CAST IRON	GALV. STEEL	GALV. WROUGHT IRON	BRASS	COPPER	HOT WATER HEATING BOILERS	STEAM BOILERS	GALV. STEEL STORAGE TANKS	GALV. W. I. STORAGE TANKS	NONFERROUS STORAGE TANKS
Cold water.....	Sedimentation and some tuberculation					None	None	Rust	Rust	None
Hot water.....								Rust	Rust	None

25. ZEOLITE SOFTENERS				26. CHLORINATORS			27. AMMONIATORS			28. CHEMICAL TREATMENT		
	SOFTENER TANKS	BRINE TANKS	STATE ACTIVITY SUPPLIED BY SOFTENER	UNIT—	No. 1	No. 2	UNIT—	No. 1	No. 2	CHEMICAL	AVERAGE G. P. G.	AVERAGE P. P. M.
Name of manufacturer.....	N			Name of manufacturer.....			Name of manufacturer.....			Alum.....		
Type.....	O			Type.....			Type.....			Lime.....		
Number of units.....				Capacity—maximum lbs.....	N		Capacity—maximum lbs.....	N		Chlorine.....	N	
Dimensions.....	N			Water treated.....	O		Water treated.....	O		Soda ash.....	O	
Material.....	E			Installed in Bldg. No.	N		Installed in Bldg. No.	N			N	
Capacity—g. p. m.....				Date installed.....	E		Date installed.....	E			E	
Type of zeolite.....				Cost.....			Cost.....					
Cu. ft. of zeolite.....												
Exchange capacity—kilograins.....												
Automatic or manual.....												
Date installed.....												
Cost.....												

CHEMICAL FEEDING EQUIPMENT									
29. DRY FEEDERS					30. SOLUTION FEEDERS				
UNIT—	No. 1	No. 2	No. 3	No. 4	UNIT—	No. 1	No. 2	No. 3	
Name of manufacturer.....					Name of manufacturer.....				
Installed in Bldg. No.					Installed in Bldg. No.				
Chemical used.....	N				Chemical used.....	N			
Capacity—max. and min. lbs.....		O			Dimensions of tanks.....		O		
How driven.....		N			Number of tanks.....		N		
Date installed.....					Date installed.....		E		
Cost.....		E			Cost.....				

31. Remarks on equipment (cols. 25 to 30):

32. FILTRATION PLANT

	MIXING CHAMBER	SEDIMENTATION BASINS	FILTERS	CLEAR WATER WELL
Number of units.....		None		
Dimensions.....				
Material.....				
Capacity—gal.....				
Date constructed.....				
Q. M. G. Plan No.				
Cost.....				

Description of backwash equipment: None

Maximum capacity of plant (M. G. D.):

Describe operation of plant and flow of water through plant from intake to outlet:

33. TREATED WATER STORAGE

	ELEVATED		GROUND	
Building No.				
Dimensions.....	None			
Material.....				
Capacity—gal.....				
Elevation of high water.....				
Elevation of grade.....				
Height of tower.....				
Date constructed.....				
Q. M. G. Plan No.				
Cost.....				

34. IMPOUNDING RESERVOIRS OR DAMS

None

35. WATER MAINS

	1"	2"	4"	6"			
Diameter.....	1"	2"	4"	6"			
Material.....	G.I.	G.I.	C.I.	C.I.			
Length.....	184'	300'	1208'	3085'			
Class.....							
Joint material.....	Lead	Lead	Lead	Lead			
Depth of cover.....	42"	42"	42"	42"			
Date installed.....	Unknown	Unkn.	Unkn.	Unkn.			
Cost.....	Unkn.	Unkn.	Unkn.	Unkn.			

As of Aug. 1941:
Mains - 4" over 7 mi.
Pipe - Under 4" - 336
Total 104.6 mi

Give title and drawing number of layout plan and where available:

36. AUTOMATIC SPRINKLER SYSTEM FOR FIRE PROTECTION

Installed in Bldg. No.				
Type.....				
Number dry pipe valves.....				
Number alarm valves.....	None			
Number sprinkler heads.....				
Booster pump—g. p. m.				
Storage tank—capacity.....				
Date installed.....				
O. Q. M. G. Plan No.				
Cost.....				

37. SPRINKLER OR OTHER IRRIGATION SYSTEMS

None

38. MISCELLANEOUS REMARKS (cols. 32-37):

39. THIS SPACE FOR USE OF O. Q. M. G.

CHECKED

DATE

WATER SUPPLY SYSTEM AND WATER PUMPING PLANTS

At Fort Getty, Rhode Island

DATE June 30, 1940

1. Source of water supply <u>Wells in Jamestown, R.I.</u>	6. Maximum gallons per day available <u>Unlimited</u>	12. Pressures { a. Maximum <u>40</u> near Bldg. No. <u>1</u> b. Minimum <u>40</u> near Bldg. No. <u>1</u> c. Normal for post <u>40</u> d. At highest fixture <u>40</u> in Bldg. No. <u>1</u>
2. Sanitary conditions surrounding source of supply <u>Good</u>	7. Has the capacity of the supply been fully developed? <u>Yes</u>	
3. Consumption—gallons { a. Maximum day <u>2100</u> gals. b. Minimum day <u>1000</u> " c. Daily average for year <u>1753</u> gals	8. Number and size of connections (city supply) <u>1" and 6"</u>	
4. Population supplied { a. Maximum month <u>4</u> b. Minimum month <u>4</u> c. Daily average for year <u>4</u>	9. State size, type, make, and capacity of meters <u>"Jersey" - 6"</u>	
5. Animals supplied—daily average <u>None</u>	10. Number of automatic flush valves <u>None</u>	13. Water temperature: Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.
15. Description of source of supply, sanitary conditions, and how water distribution system is operated:	11. Are pressures satisfactory to operate flush valves?	Maximum day <u>NOT RECORDED</u> Minimum day <u>NOT RECORDED</u> Monthly average <u>NOT RECORDED</u>
		14. Average cost, water delivered (1,000 gal.) <u>\$0.60 per M. gals.</u>

15. Description of source of supply, sanitary conditions, and how water distribution system is operated:

Water is pumped from wells into storage tanks in Jamestown, Rhode Island
Supplied to Fort Getty from storage tanks by gravity flow.
Sanitary conditions good.

16. Description of pump operation:

17. WELL DATA						19. CENTRIFUGAL AND DIRECT-ACTING PUMPS									
WELL No.—	1	2	3	4	5	PUMP No.—	1	2	3	4	5	6	7	8	9
Total depth—feet.						Where installed—Bldg. No.									
Size of casing and material		N				Name of manufacturer.									
Length of screen and material		O				Capacity—g. p. m.									
Size of screen openings		H				Design head—feet.									
Standing water level—feet.		E				Speed—r. p. m.									
Capacity—g. p. m.						Driving unit.									
Drawdown—feet.						H. P. of driver.									
When drilled.						Electric current { Voltage Phase Cycles									
Cost.						Direct or belt driven.									
How pumped.						Suction lift or head—feet.									
Where is log available?						Discharge head—feet.									
18. DEEP-WELL PUMPS						Automatic or manual start.									
Name of manufacturer.						Unit Serial No.									
Type.		N				Date installed.									
Capacity—g. p. m.		O				Cost.									
Head—feet.		K				20. Remarks on pumps covered by 18 or 19:									
Driving unit.															
H. P. of driver.		E													
Speed.															
Depth of setting—feet.															
Electric current { Voltage Phase Cycles															
Date installed.															
Cost.															

21. AIR LIFT PUMPS						22. AIR COMPRESSORS					23. WATER ANALYSIS—P. P. M.				
Installed in—	Well No. 1	Well No. 2	Well No. 3	Well No. 4	Well No. 5	Unit—	No. 1	No. 2	No. 3	No. 4		RAW	DELIVERED		
Starting pressure.....						Where installed—Bldg. No.					Total hardness as CaCO ₃		47.8		
Operating pressure.....						Name of manufacturer.....					Alkalinity (M. O.).....		34.9		
Depth of setting.....						Speed—r. p. m.					pH value.....		6.1		
Diameter of foot piece.....						Capacity—cu. ft. per min.					Total iron.....		1.9		
Diameter of air line.....						Pressure—pounds.....					Magnesium.....		4.0		
Diameter of eduction pipe.....						Cylinder diameter.....					Calcium.....		9.0		
Date installed.....						Stroke length.....					Sulphates as SO ₄		.23		
Cost.....						Driving unit.....					Chlorides as Cl.....		.13		
Remarks on equipment (cols. 21 and 22):						H. P. of driver.....					Average color.....		5.6		
						Direct or belt driven.....					Average turbidity.....				
						Unit Serial No.					Date of analysis.....				
						Date installed.....					Where was sample taken.....				
						Cost.....					By whom made.....				
24. ACTION OF DELIVERED WATER ON PIPE LINES, HEATERS, ETC.															
MATERIAL--	CAST IRON	GALV. STEEL	GALV. WROUGHT IRON	BRASS	COPPER	HOT WATER HEATING BOILERS	STEAM BOILERS	GALV. STEEL STORAGE TANKS	GALV. W. I. STORAGE TANKS	NONFERROUS STORAGE TANKS					
Cold water.....	Sedimentation and some tuberculation					NONE	NONE	Rust	Rust	NONE					
Hot water.....						"	"	Rust	"	NONE					
25. ZEOLITE SOFTENERS				26. CHLORINATORS			27. AMMONIATORS			28. CHEMICAL TREATMENT					
	SOFTENER TANKS	BRINE TANKS	STATE ACTIVITY SUPPLIED BY SOFTENER	UNIT—	No. 1	No. 2	UNIT—	No. 1	No. 2	CHEMICAL	AVERAGE G. P. G.	AVERAGE P. P. M.			
Name of manufacturer.....				Name of manufacturer.....			Name of manufacturer.....			Alum.....					
Type.....	N			Type.....	N		Type.....			Lime.....					
Number of units.....	O			Capacity—maximum lbs.....	C		Capacity—maximum lbs.....	N		Chlorine.....	N				
Dimensions.....	N			Water treated.....	N		Water treated.....	O		Soda ash.....	O				
Material.....	E			Installed in Bldg. No.	E		Installed in Bldg. No.	N							
Capacity—g. p. m.				Date installed.....			Date installed.....	E							
Type of zeolite.....				Cost.....			Cost.....								
Cu. ft. of zeolite.....				CHEMICAL FEEDING EQUIPMENT											
Exchange capacity—kilograins.....															
Automatic or manual.....				29. DRY FEEDERS				30. SOLUTION FEEDERS							
Date installed.....				UNIT—	No. 1	No. 2	No. 3	No. 4	UNIT—	No. 1	No. 2	No. 3			
Cost.....				Name of manufacturer.....					Name of manufacturer.....						
31. Remarks on equipment (cols. 25 to 30):				Installed in Bldg. No.		N			Installed in Bldg. No.		N				
				Chemical used.....		O			Chemical used.....		O				
				Capacity—max. and min. lbs.....		N			Dimensions of tanks.....		N				
				How driven.....		E			Number of tanks.....		E				
				Date installed.....					Date installed.....						
Cost.....									Cost.....						

32. FILTRATION PLANT

	MIXING CHAMBER	SEDIMENTATION BASINS	FILTERS	CLEAR WATER WELL
Number of units.....				
Dimensions.....				
Material.....		NONE		
Capacity—gal.....				
Date constructed.....				
Q. M. G. Plan No.				
Cost.....				

Description of backwash equipment: NONE

Maximum capacity of plant (M. G. D.):

Describe operation of plant and flow of water through plant from intake to outlet:

33. TREATED WATER STORAGE

	ELEVATED	GROUND
Building No.		
Dimensions.....		
Material.....	N	
Capacity—gal.....	O	
Elevation of high water.....	N	
Elevation of grade.....	E	
Height of tower.....		
Date constructed.....		
Q. M. G. Plan No.		
Cost.....		

34. IMPOUNDING RESERVOIRS OR DAMS

NONE

35. WATER MAINS

	1"	2"	4"	6"				
Diameter.....	1"	2"	4"	6"				
Material.....	G.I.	G.I.	C.I.	C.I.				
Length.....	184'	300'	1208'	3085'				
Class.....								
Joint material.....	Lead	Lead	Lead	Lead				
Depth of cover.....	42"	42"	42"	42"				
Date installed.....	Unkn.	Unkn.	Unkn.	Unkn.				
Cost.....	"	"	"	"				

Give title and drawing number of layout plan and where available:
None available at this office

36. AUTOMATIC SPRINKLER SYSTEM FOR FIRE PROTECTION

Installed in Bldg. No.					
Type.....	N				
Number dry pipe valves.....	C				
Number alarm valves.....	N				
Number sprinkler heads.....	E				
Booster pump—g. p. m.					
Storage tank—capacity.....					
Date installed.....					
O. Q. M. G. Plan No.					
Cost.....					

37. SPRINKLER OR OTHER IRRIGATION SYSTEMS

N
C
N
E

38. MISCELLANEOUS REMARKS (cols. 32-37):

39. THIS SPACE FOR USE OF O. Q. M. G.

CHECKED

DATE

SEWERAGE SYSTEMS AND WASTE DISPOSAL

DATE June 30, 1941

At Fort Galt, R. I.

1. Population served.....	(a) Maximum month..... <u>4</u> (b) Minimum month..... <u>4</u> (c) Daily average for year..... <u>4</u>	4. Are sanitary and storm sewers separate or combined? <u>Combined</u>	(a) City sewer..... <u>-</u> (b) Stream..... <u>-</u> (c) Lake..... <u>-</u> (d) Ocean..... <u>at Narragansett Bay</u> (e).....
2. Water consumption.....	(a) Maximum day..... <u>2100 gals.</u> (b) Minimum day..... <u>1000 "</u> (c) Daily average for year..... <u>1753 gals.</u>	5. Sewage discharged into.....	(a) City sewer..... <u>-</u> (b) Stream..... <u>-</u> (c) Lake..... <u>-</u> (d) Ocean..... <u>at Narragansett Bay</u> (e).....
3. Sewage flow.....	(a) Maximum day..... <u>2050 "</u> (b) Minimum day..... <u>950 "</u> (c) Daily average for year..... <u>1500 gals.</u>	6. Is sanitary sewage pumped? <u>No, Gravity</u>	7. Is storm sewage pumped? <u>No, Gravity</u>
		8. Does station have sewage treatment plant? <u>No</u>	

9. SEWER MAINS

(a) SANITARY						(b) STORM WATER					
Diameter	1"	3"	4"	6"	8"	Diameter	1"	3"	4"	6"	8"
Material	4" Tile	3" V. Tile	4" V. Tile	6" V. Tile	8" V. Tile	Material	See (A) Sanitary				
Length	3012	400	17	2361	2490	Length					
Joint material						Joint material					
Average depth						Average depth					
Date installed						Date installed					
Cost						Cost					

Number of manholes..... <u>10</u>	Average depth..... <u>2'</u>	Number of manholes.....	Average depth.....
Manhole elevations shown on Drawing No.		Manhole elevations shown on Drawing No.	
Sewer layout shown on Drawing No.		Sewer layout shown on Drawing No.	
Brief description of sanitary sewerage system including pumping stations, treatment plants, etc.: <u>All sewage, both sanitary and storm, is run directly into Narragansett Bay.</u>		Brief description of storm water sewerage system including pumping stations:	

10. SANITARY SEWAGE PUMPS

Pump No. —	1	2	3	4	5	6
Installed—Bldg. No.		<u>None</u>				
Name of manufacturer.....						
Type.....						
Capacity—g. p. m.						
Total head—feet.....						
Speed—r. p. m.						
Suction lift.....						
Discharge head.....						
Direct or belt drive.....						
Driving unit.....						
H. P. of driver.....						
Automatic or manual start.....						
Unit Serial No.						
Date installed.....						
Cost.....						

11. STORM DRAINAGE PUMPS

Pump No. —	1	2	3	4	5	6
Installed—Bldg. No.		<u>None</u>				
Name of manufacturer.....						
Type.....						
Capacity—g. p. m.						
Total head—feet.....						
Speed—r. p. m.						
Suction lift.....						
Discharge head.....						
Direct or belt drive.....						
Driving unit.....						
H. P. of driver.....						
Automatic or manual start.....						
Unit Serial No.						
Date installed.....						
Cost.....						

12. SEWAGE TREATMENT PLANT

UNIT—	SCREEN CHAMBER	SEWAGE TANKS	CHLORINATING CHAMBER	DOSING CHAMBER	SIPHON	FILTERS	SLUDGE BEDS
Number of units.....		<u>None</u>					
Dimensions.....							
Capacity.....							
Drawing Nos.							
Date installed.....							
Cost.....							

SEWERAGE SYSTEMS AND WASTE DISPOSAL

DATE June 30, 1940

At Fort Getty, Rhode Island

1. Population served.....	(a) Maximum month..... <u>4</u>	4. Are sanitary and storm sewers separate or combined?..... <u>Separate</u>	(a) City sewer.....
	(b) Minimum month..... <u>4</u>		(b) Stream.....
	(c) Daily average for year..... <u>4</u>	5. Sewage discharged into.....	(c) Lake.....
2. Water consumption.....	(a) Maximum day..... <u>2100 gals.</u>		(d) Ocean..... <u>Ocean</u>
	(b) Minimum day..... <u>1000 "</u>		(e)
	(c) Daily average for year..... <u>1753 gals.</u>	6. Is sanitary sewage pumped?..... <u>No</u>	
	(a) Maximum day..... <u>3050 "</u>	7. Is storm sewage pumped?..... <u>No</u>	
3. Sewage flow.....	(b) Minimum day..... <u>350 "</u>	8. Does station have sewage treatment plant?..... <u>No</u>	
	(c) Daily average for year..... <u>1500 gals.</u>		

9. SEWER MAINS

(a) SANITARY								(b) STORM WATER							
Diameter.....	6"							Diameter.....							
Material.....	T. Cotta							Material.....							
Length.....	114'							Length.....			N				
Joint material.....	Cement							Joint material.....			O				
Average depth.....	3'							Average depth.....			N				
Date installed.....	Unkn.							Date installed.....			E				
Cost.....	Unkn.							Cost.....							

Number of manholes.....	Average depth.....	Number of manholes.....	Average depth.....
Manhole elevations shown on Drawing No.		Manhole elevations shown on Drawing No.	
Sewer layout shown on Drawing No.		Sewer layout shown on Drawing No.	
Brief description of sanitary sewerage system including pumping stations, treatment plants, etc.:		Brief description of storm water sewerage system including pumping stations:	

10. SANITARY SEWAGE PUMPS

Pump No. —	1	2	3	4	5	6
Installed—Bldg. No.						
Name of manufacturer.....						
Type.....						
Capacity—g. p. m.			<u>O</u>			
Total head—feet.....			<u>N</u>			
Speed—r. p. m.			<u>E</u>			
Suction lift.....						
Discharge head.....						
Direct or belt drive.....						
Driving unit.....						
H. P. of driver.....						
Automatic or manual start.....						
Unit Serial No.						
Date installed.....						
Cost.....						

11. STORM DRAINAGE PUMPS

Pump No. —	1	2	3	4	5	6
Installed—Bldg. No.						
Name of manufacturer.....						
Type.....			<u>N</u>			
Capacity—g. p. m.			<u>O</u>			
Total head—feet.....			<u>N</u>			
Speed—r. p. m.			<u>E</u>			
Suction lift.....						
Discharge head.....						
Direct or belt drive.....						
Driving unit.....						
H. P. of driver.....						
Automatic or manual start.....						
Unit Serial No.						
Date installed.....						
Cost.....						

12. SEWAGE TREATMENT PLANT

UNIT—	SCREEN CHAMBER	SEWAGE TANES	CHLORINATING CHAMBER	DOSING CHAMBER	SIPHON	FILTERS	SLUDGE BEDS
Number of units.....				<u>N</u>			
Dimensions.....				<u>O</u>			
Capacity.....				<u>N</u>			
Drawing Nos.				<u>E</u>			
Date installed.....							
Cost.....							

13. SEWAGE EJECTORS				14. SMALL SEPTIC TANKS				15. CHLORINATORS			
Installed—Bldg. No.				Unit No.				Installed—Bldg. No.			
Name of mfr.				Dimensions		N		Name of mfr.		N	
Type		O		Material		O		Type		O	
Capacity—g. p. m.		N		Capacity—gal.		N		Capacity		N	
Head		N		Serving Bldgs. No.		E		Chlorine added to		E	
Sump capacity				Point of discharge				Average dosage			
Date installed				Date installed				Date installed			
Cost	\$	\$	\$	Cost	\$	\$	\$	Cost	\$	\$	\$

16. Remarks on equipment (cols. 4 to 9 inclusive):

17. INCINERATOR			18. OTHER MEANS OF WASTE DISPOSAL		
Building No.	N	Capacity	Describe operation of dumps, sale of garbage or manure, method of garbage collection, etc.: <u>Buried, burned and otherwise disposed of.</u>		
Name of building	O	Can wash equipment			
Type	A	Condition			
Stack height	N	Date installed			
Stack diameter		Cost			
Drawing Nos					

INSTRUCTIONS

This form is for permanent record and will be used only when new installations are made or extensive alterations or additions are first completed and turned over for use. Forms will be prepared in triplicate. One copy will be retained at the station where prepared, one copy will be forwarded to the Department or Corps Area Quartermaster, and one copy (the original) will be forwarded to the Quartermaster General. At independent stations, forms will be prepared only in duplicate, one copy for retention at the station and the other for submission to the Quartermaster General. Slight modifications, alterations, or additions will be reported promptly upon completion of the work to the Quartermaster General, as directed in paragraph 7, A. R. 30-1770.

The instructions listed hereinafter by number refer to the respective numbered headings in the form and are to be followed in entering the required information. Where building numbers are called for, the designation will correspond to the number shown in the historical record on file in the office of the Quartermaster General.

If spaces are left blank in the form, it will be assumed that equipment under these headings is not installed at the station:

1. (a) Give daily average for total personnel for maximum month. (b) Give daily average for total personnel for minimum month. (c) Give daily average for total personnel for period of 1 year.
2. (a) Give maximum gallons used in 1 day. (b) Give minimum gallons used in 1 day. (c) Give daily average gallons used for the period of 1 year.
3. (a) Give estimated maximum total sewage flow in 1 day. (b) Give estimated minimum total sewage flow in 1 day. (c) Give estimated average daily sewage flow for period of 1 year.
4. State whether sanitary and storm water sewers are separate or combined.
5. State where sewage is discharged, as noted, giving name of body of water.
6. Answer "Yes" or "No," or "Partially" if only part of sewage is pumped.
7. See No. 6.
8. Answer "Yes" or "No," or if only part of sewage is treated, so state.
9. (a) and (b) Give information as listed for sanitary sewers and storm water sewers.
10. Under type, state whether horizontal or vertical; under capacity, total head, and speed, give name-plate data; under suction lift, give distance sewage must be lifted to pump suction inlet; under discharge head, give pressure in feet in pump discharge while running; under driving unit, state whether electric motor, gas engine, etc.

19. THIS SPACE FOR USE OF O. Q. M. G.

CHECKED	DATE

11. Same as 10.
12. Under capacity for screen chamber, sewage tanks, chlorinating chamber, and dosing chamber, give total capacity in gallons when full; for siphon and filter, give capacity in gallons per minute; for sludge bed, give capacity in cubic feet of sludge storage.
13. Under type, state whether vertical, centrifugal, or pneumatic; under capacity and head, give name-plate data; give sump capacity in gallons when filled.
14. Give dimensions in feet; under materials, state whether concrete, wood, steel, etc.; give capacity in gallons when filled; give building numbers served by tanks; give point of discharge, such as a stream, underground tile, etc.
15. Under type, state whether direct or solution feed; give capacity in pounds per 24 hours; state point at which chlorine is added; give average dosage of chlorine in parts per million.
16. State condition of equipment, whether adequate and functioning properly, and other pertinent remarks not covered by form.
17. Under name of builder, give contractor's name; under type, state whether natural or forced draft; give stack height and diameter in feet; under capacity, state rate in tons per 8 hours; under can wash equipment, answer "Yes" or "No."
18. Describe briefly any dumps, sale of manure or garbage, composting of manure, method of garbage and trash collections, and any other details dealing with waste disposal not covered by the form.
19. This space is reserved for use of the O. Q. M. G. and is not to be filled in by authorities in the field.

SEWERAGE SYSTEMS AND WASTE DISPOSAL

AT FORT GETTY, R. I.

DATE June 30, 1938

1. Population served.....	(a) Maximum month..... 4	4. Are sanitary and storm sewers separate or combined? <u>Separate</u>
	(b) Minimum month..... 4	(a) City sewer.....
	(c) Daily average for year..... 4	(b) Stream.....
2. Water consumption.....	(a) Maximum day..... 598 gals.	5. Sewage discharged into..... (c) Lake.....
	(b) Minimum day..... 287 gals.	(d) Ocean..... <u>Ocean</u>
	(c) Daily average for year..... 381 gals.	(e).....
3. Sewage flow.....	(a) Maximum day..... 595 gals.	6. Is sanitary sewage pumped?..... <u>No</u>
	(b) Minimum day..... 285 gals.	7. Is storm sewage pumped?..... <u>No</u>
	(c) Daily average for year..... 379 gals.	8. Does station have sewage treatment plant?..... <u>No</u>

9. SEWER MAINS

(a) SANITARY								(b) STORM WATER								
Diameter.....	6"							Diameter.....								
Material.....	Tile							Material.....								
Length.....	1050'						0.20	Length.....								
Joint material.....	Cement							Joint material.....								
Average depth.....	3'							Average depth.....								
Date installed.....	Unknown							Date installed.....								
Cost.....	Unknown							Cost.....								

Number of manholes.....	Average depth.....	Number of manholes.....	Average depth.....
Manhole elevations shown on Drawing No.		Manhole elevations shown on Drawing No.	
Sewer layout shown on Drawing No.		Sewer layout shown on Drawing No.	
Brief description of sanitary sewerage system including pumping stations, treatment plants, etc.:		Brief description of storm water sewerage system including pumping stations:	

10. SANITARY SEWAGE PUMPS

Pump No. —	1	2	3	4	5	6
Installed—Bldg. No.						
Name of manufacturer.....						
Type.....						
Capacity—g. p. m.....						
Total head—feet.....						
Speed—r. p. m.....						
Suction lift.....						
Discharge head.....						
Direct or belt drive.....						
Driving unit.....						
H. P. of driver.....						
Automatic or manual start.....						
Unit Serial No.						
Date installed.....						
Cost.....						

11. STORM DRAINAGE PUMPS

Pump No. —	1	2	3	4	5	6
Installed—Bldg. No.						
Name of manufacturer.....						
Type.....						
Capacity—g. p. m.....						
Total head—feet.....						
Speed—r. p. m.....						
Suction lift.....						
Discharge head.....						
Direct or belt drive.....						
Driving unit.....						
H. P. of driver.....						
Automatic or manual start.....						
Unit Serial No.						
Date installed.....						
Cost.....						

12. SEWAGE TREATMENT PLANT

UNIT—	SCREEN CHAMBER	SEWAGE TANES	CHLORINATING CHAMBER	DOSING CHAMBER	SIPHON	FILTERS	SLUDGE BEDS
Number of units.....							
Dimensions.....							
Capacity.....							
Drawing Nos.							
Date installed.....							
Cost.....							

13. SEWAGE EJECTORS					14. SMALL SEPTIC TANKS					15. CHLORINATORS			
Installed—Bldg. No.					Unit No.					Installed—Bldg No.			
Name of mfr.					Dimensions					Name of mfr.			
Type					Material					Type			
Capacity—g. p. m.					Capacity—gal.					Capacity			
Head					Serving Bldgs. No.					Chlorine added to			
Sump capacity					Point of discharge					Average dosage			
Date installed					Date installed					Date installed			
Cost	\$	\$	\$	\$	Cost	\$	\$	\$	\$	Cost	\$	\$	\$

16. Remarks on equipment (cols. 4 to 9 inclusive):

17. INCINERATOR			18. OTHER MEANS OF WASTE DISPOSAL	
Building No.		Capacity	Describe operation of dumps, sale of garbage or manure, method of garbage collection, etc.: Buried, burned, and otherwise disposed of.	
Name of building	Can wash equipment			
Type	Condition			
Stack height	Date installed			
Stack diameter	Cost			
Drawing Nos.				

INSTRUCTIONS

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If spaces are left blank in filling in the form, it will be assumed that equipment under these headings is not installed at the station:

- (a) Give daily average for total personnel for maximum month. (b) Give daily average for total personnel for minimum month. (c) Give daily average for total personnel for period of 1 year.
- (a) Give maximum gallons used in 1 day. (b) Give minimum gallons used in 1 day. (c) Give daily average gallons used for the period of 1 year.
- (a) Give estimated maximum total sewage flow in 1 day. (b) Give estimated minimum total sewage flow in 1 day. (c) Give estimated average daily sewage flow for period of 1 year.
- State whether sanitary and storm water sewers are separate or combined.
- State where sewage is discharged, as noted, giving name of body of water.
- Answer "Yes" or "No," or "Partially" if only part of sewage is pumped.
- See No. 6.
- Answer "Yes" or "No," or if only part of sewage is treated, so state.
- (a) and (b) Give information as listed for sanitary sewers and storm water sewers.
- Under type, state whether horizontal or vertical; under capacity, total head, and speed, give name-plate data; under suction lift, give distance sewage must be lifted to pump suction inlet; under discharge head, give pressure in feet in pump discharge while running; under driving unit, state whether electric motor, gas engine, etc.

19. THIS SPACE FOR USE OF O. Q. M. G.

CHECKED	DATE

- Same as 10.
- Under capacity for screen chamber, sewage tanks, chlorinating chamber, and dosing chamber; give total capacity in gallons when full; for siphon and filter, give capacity in gallons per minute; for sludge bed, give capacity in cubic feet of sludge storage.
- Under type, state whether vertical, centrifugal, or pneumatic; under capacity and head, give name-plate data; give sump capacity in gallons when filled.
- Give dimensions in feet; under materials, state whether concrete, wood, steel, etc.; give capacity in gallons when filled; give building numbers served by tanks; give point of discharge, such as a stream, underground tile, etc.
- Under type, state whether direct or solution feed; give capacity in pounds per 24 hours; state point at which chlorine is added; give average dosage of chlorine in parts per million.
- State condition of equipment, whether adequate and functioning properly, and other pertinent remarks not covered by form.
- Under name of builder, give contractor's name; under type, state whether natural or forced draft; give stack height and diameter in feet; under capacity, state rate in tons per 8 hours; under can wash equipment, answer "Yes" or "No."
- Describe briefly any dumps, sale of manure or garbage, composting of manure, method of garbage and trash collections, and any other details dealing with waste disposal not covered by the form.
- This space is reserved for use of the O. Q. M. G. and is not to be filled in by authorities in the field.

FURNITURE, REFRIGERATORS, AND LOCKERS

FURNITURE November 8, 1938

Fort Getty, RI

[illegible]

REFRIGERATORS AND LOCKERS

[illegible]

Remarks: *Fire hazard. ordinary
construction building. dangerous*

BOILER AND POWER PLANTS

At Fort Catty, R. I.

Date June 30, 1941

DESCRIPTION OF BOILERS, ENGINES, AND EQUIPMENT INSTALLED IN BUILDING NO. T-106

BOILERS										BREECHING					STACK			
UNIT NO.	NAME OF MANUFACTURER	TYPE	WORKING PRESSURE	DIA.	LENGTH	H. P. RATING	GRATE AREA	DATE INSTALLED	FOR WHAT USE OPERATED	SHAPE	DIA. OR DIMENSIONS	MATERIAL	THICKNESS	DAMPER CONTROL	MATERIAL	DIA.	HEIGHT	DATE ERECTED
3	Int. Engineering Works	Portable Undraft	150						Heating 9 Bldgs. in Hospital Unit									

BOILER FEED PUMPS										STOKERS OR OIL BURNERS						
UNIT NO.	NAME OF MANUFACTURER	TYPE	SHOP NO.	DRIVEN BY—	STEAM	EXH.	SUCT.	DIS.	DATE INSTALLED	PLANT NO.	NAME OF MANUFACTURER	TYPE	SHOP NO.	H. P.	DRIVEN BY—	DATE INSTALLED
2	Worthington															

VACUUM PUMPS										FORCED-DRAFT FANS							
UNIT NO.	NAME OF MANUFACTURER	TYPE	SHOP NO.	STEAM	EXH.	SUCT.	DIS.	SIZE	DATE INSTALLED	PLANT NO.	NAME OF MANUFACTURER	TYPE	SHOP NO.	ST. PR.	C. P. M.	R. P. M.	DRIVEN BY—

STEAM ENGINES												STEAM TURBINES						
UNIT NO.	NAME OF MANUFACTURER	TYPE	FOR WHAT USE OPERATED	RATED H. P.	DIA. CYLINDERS		DIA. ROD	LENGTH STROKE	R. P. M.	PIPE SIZES		DATE INSTALLED	NAME OF MANUFACTURER	TYPE	STEAM INLET	EXHAUST	H. P.	R. P. M.
					High	Low				Steam	Exhaust							

When exhaust steam is used for heating, give back pressure

GASOLINE AND OIL ENGINES												
UNIT NO.	NAME OF MANUFACTURER	FOR WHAT USE OPERATED	FUEL USED	RATED H. P.	DIA. CYL.	LENGTH STROKE	R. P. M.	SHOP NO.	DATE INSTALLED	IF DIRECT-CONNECTED TO GENERATOR		
										Volts	Amperes	Name of manufacturer

ELECTRIC GENERATORS												DESCRIPTION OF EXCITERS	
UNIT NO.	NAME OF MANUFACTURER	DRIVEN BY—	FOR WHAT USE OPERATED	RATED K. W.	KIND OF CURRENT	VOLTS	AMPS.	R. P. M.	SHOP NO.	DATE INSTALLED	HOW EXCITED		

CENTRAL HEATING PLANTS

16-19058

Date JUNE 30, 1941

[illegible]

INDIVIDUAL HEATING PLANTS

At Fort Getty, Rhode Island

3-0839

Date June 30, 1941

BUILDINGS		HEATED BY INDIVIDUAL HEATING PLANTS (STEAM OR HOT WATER)					HEATED BY STOVES, ROOM HEATERS, FURNACES, AND FIREPLACES															
POST NUMBER	DESIGNATION	IN BUILDING		NAME OF MANUFACTURER	SER. NO.	SIZE	IN BOILER Capacity Sq. Ft. Builder's Rating	STOVES, DIAMETER GRATE						ROOM HEATERS, DIAMETER						FURNACES		FIRE- PLACES
		Sq. Ft. Direct Radiation or Equivalent	Sq. Ft. Uncov- ered Pipe Used for Heating					7'	9'	10'	12'	14'	16'	16'	18'	20'	22'	24'	26'	No.	Diameter Grate	No.
1	Barracks (Caretakers' Qtrs)							2														
410	Storehouse & Shop							1														
T-1	Barracks																			1		
T-2	"																			1		
T-3	"																			1		
T-4	"																			1		
T-5	"																			1		
T-6	"																			1		
T-7	"																			1		
T-8	"																			1		
T-9	"																			1		
T-10	"																			1		
T-11	"																			1		
T-12	"																			1		
T-13	"																			1		
T-14	"																			1		
T-15	Mess Hall							3														
T-16	"							3														
T-17	"							3														
T-18	"							3														
T-19	"							3														
T-20	Day Room																			1		
T-21	"																			1		
T-22	"																			1		
T-23	"																			1		
T-24	"																			1		
T-25	Co's Adm.							1														
T-26	"							1														
T-27	"							1														
T-28	"							1														
T-29	"							1														
T-30	Officers' Quarters																			1		
T-31	"																			1		
T-32	Storehouse							None														
T-33	Storehouse							None														
T-34	Storehouse							None														
T-35	Storehouse							None														
T-36	Post Exchange																			1		
T-37	Guard House																			1		
T-38	Infirmary																			1		
T-39	Recreation Bldg.																			1		
T-40	Fire House							1														

(SEE OTHER SIDE)

INDIVIDUAL HEATING PLANTS

At Fort Getty, Rhode Island

3-9839

Date June 30, 1940

[illegible]

(SEE OTHER SIDE)



Place... Ft. Getty, R.I......, March 1st, 1905.

Q.M.G.O. Plan No. 240..., Building No. 1.....

Designation of Building, Detachment Barracks, Capacity, 10 men ^{2N}; Construction: Cost \$ 6492.32, Date June 25, 09.

Material: Walls Air Brick Foundations Stone.....,

Roof Slate....., Floors Hard Maple..... How heated

Stoves..... (....sq ft. rad.), How lighted Lamps.....

Provided with: Water connections Yes., Sewer connections Yes..

Water Closets No. 1, Urinals No. 1, Wash Sinks

No. 1, Wash Basins No. 2, Laundry Tubs No. 2, Baths; Shower

No. 1., Tubs No. 1., Screens 0., Storm Sash 0., Storm

Doors 0., Wall Lockers No. 0., Total floor area above

basement sq. ft. 1860.....; Dimensions, Main Building

67'8"x25'..... Wings 11'9"x17'2"....., Each & every

room arranged by floors;

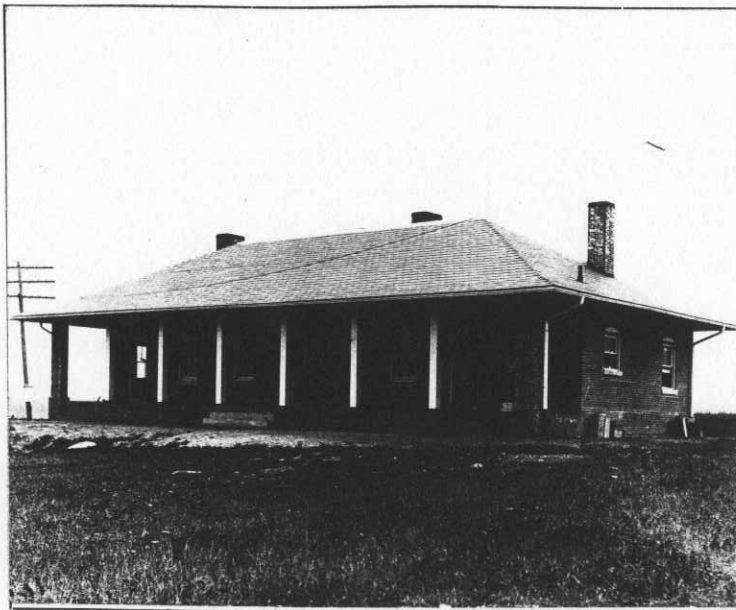
1 Floor: Kitchen-13'8"x13'8". Store R-8'2"x9'4". Mess R-23'6"x10'6". Dormitory-23'6"x30'. N.C.O.R-13'x10'6".
Store R-10'x10'6".

Below enter chronologically all modifications, additions, introduction of water, sewer, electric light, etc., since Mch. 1st, 1905.

Nov. 30, 1910 --9 screen windows and one screen door installed at a cost of \$34.75.

March 1, 1910 -One refrigerator installed.

November 17, 1924 - Barracks damaged by fire to the amount of \$112.00.



Repairs.

Expended to date \$.....

Yr. ending 3-1-06 \$.....

3-1-07 \$.....

3-1-08 \$.....

3-1-09 \$.....

3-1-10 \$.....

3-1-11 \$.....

3-1-12 \$ 70.00.....

3-1-13 \$ 60.00.....

3-1-14 \$ 100.00.....

3-1-15 \$ 48.00.....

3-1-16 \$ 15.00.....

3-1-17 \$ None.....

3-1-18 \$ 140.00.....

~~3-1-19~~ \$ 975.00.....

3-1-20 \$.....

~~3-1-21~~ \$ 37.00.....

Q.M.G.O. Plan No....., Building No.... **2**...

Repairs.

Expended to date	\$.....
Yr. ending 3-1-06	\$.....
3-1-07	\$.....
3-1-08	\$.....
3-1-09	\$.....
3-1-10	\$.....
3-1-11	\$.....
3-1-12	\$ <i>None</i>
3-1-13	\$ <i>35.00</i>
3-1-14	\$.....
3-1-15	\$.....
3-1-16	\$.....
3-1-17	\$ <i>None</i>
3-1-18	\$.....
3-1-19	\$.....
3-1-20	\$.....
3-1-21	\$.....

Place... **Fort Getty, Rhode Island**....., March 1st, 1905.

Designation of Building, **Wood & Coal Shed**...., Capacity, **10 Cords;**
30 Tons.; Construction: Cost \$ **400.00**, Date **Nov. 4, 1909.**

Material: Walls... **Wood**... Foundations..... **Stone**.....,

Roof... **Paroid**...., Floors..... **Concrete**..... How heated

Not..... (....sq ft. rad.), How lighted... **Not**.....

Provided with: Water connections...**7**...., Sewer connec-

tions...**7**.... Water Closets No..**7**.., Urinals No..**7**.., Wash Sinks

No..**7**.., Wash Basins No..**7**.., Laundry Tubs No..**7**.., Baths; Shower

No..**7**.., Tubs No..**7**.., Screens...**7**.., Storm Sash...**7**.., Storm

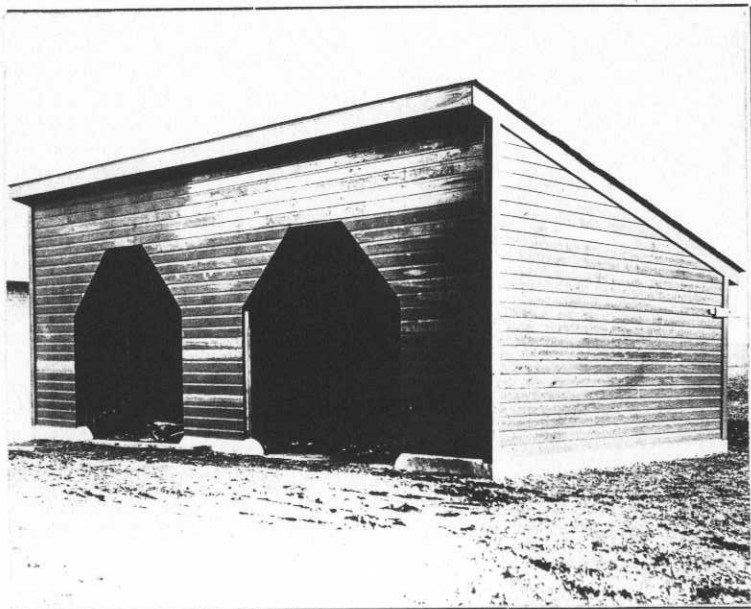
Doors...**7**.., Wall Lockers No..**7**.., Total floor area above

basement sq. ft... **234**.....; Dimensions, Main Building

Wood, 15'7"x15'.. Wings... **Coal, 14'5"x15'**....., Each & every

room arranged by floors;

Below enter chronologically all modifications, additions,
introduction of water, sewer, electric light, etc., since
Mch. 1st, 1905.



Salvage reported 4-25-28

Post Plan No.

O.Q.M.G.: Plan No. _____ Building No. T-1 - T-14

Place Fort Gettys, Rhode Island
Designation of building Barracks Capacity 63 men
Total cost, \$ 14,843.40; 9,200 Date completed April 24, 1941
Material: Walls Wood Foundation Concrete and Piers
Roof Wood, Tar Paper Floors Wood
Total floor area above basement, square feet 4800
Size: Main building 20'-0" x 30'-6" Wings - Basement -
a Hot Air Furnace Height of first floor above ground 1' - 10"
(How heated)
b Hot Air How lighted Electricity
(Type of heat)
c Coal Water connections Yes
(Type of domestic hot water heater) Sewer connections Yes
Gas connections No

COOKING RANGES INSTALLED
(Give quantity and size)

Coal	None
Gas	"
Electric	"
Oil	"
Steam	"

REFRIGERATORS INSTALLED

(Give quantity and size)

Gas _____ None _____

Electric _____ " _____

Ice _____ " _____

METERS INSTALLED

[(Give quantity and capacity)]	
Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.

BASEMENT	FIRST FLOOR	SECOND FLOOR	DETAIL
------------------------	---------------------------	----------------------------	----------------------

IN SPACE BELOW SKETCH BASEMENT AND FLOOR PLANS OF BUILDINGS, GIVING DATA AS PER PLANS ABOVE

Grid area for sketching and data entry.		DETAIL
--	--	---------------

REMARKS

* BARRACKS, 63 Men			
O. Ahlberg, Contractor	Construction Cost	in Contract	13,100.00
Graves - Quinn, Contractor	"	"	9,200.00

INSTRUCTIONS

If plans of building are available, forward copy of same showing information called for above. These plans should be checked against the building and any variations from same in the building as constructed should be noted.

If plans are not available make sketch plans and elevation in spaces above. The plans shown are typical of "quarters." Similar plans may be made for all types of buildings. There are 10 squares to the inch. Each square will represent 1', 2', 4', or 8', etc., as may be necessary to show entire building in the space allowed. Show inside dimensions and designation of each room. Indicate location of water and sewer connections. In space under heading "Details" show character of construction, story heights, etc.

Place Fort Getty, R. I.
 Designation of building Wharf; Capacity _____
 Total cost, \$ Unknown; Date completed Unknown
 Material: Walls _____; Foundation Piles
 Roof _____; Floors Planking
 Total floor area above basement, square feet 8350
 Dimensions of main building 40' x 160'; Wings _____
 EACH AND EVERY ROOM ARRANGED BY FLOORS.

PROVIDED WITH:

Heating _____
 (_____ sq. ft. rad.)
 Lighting _____
 Water connections _____
 Sewer " _____
 Water-closets, No. _____
 Urinals, No. _____
 Wash sinks, No. _____
 Washbasins, No. _____
 Laundry tubs, No. _____
 Shower baths, No. _____
 Bathtubs, No. _____
 Screens, No. _____
 Storm sash, No. _____
 " doors, No. _____
 Window shades, No. _____

ADDITIONS AND INSTALLATIONS.

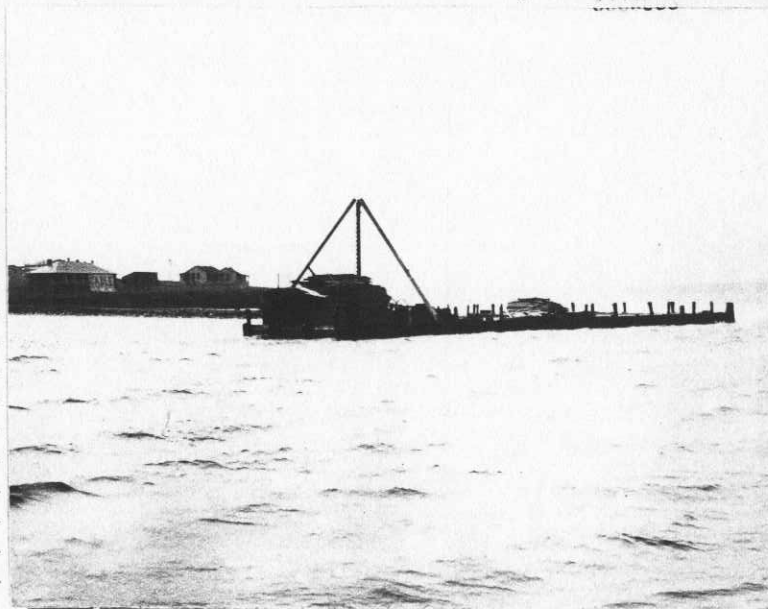
Below enter chronologically all modifications, additions, introduction of water, sewer, lights, etc., also dates for all changes of listed articles, etc.

Remarks: Material constructed of piling, red oak, 14" at Butt;
 Stringers, joists and decking, hard pine; cap log, N.C. hard pine.

September 21, 1938 - Wharf destroyed by hurricane.

O. Q. M. G.: Plan No. _____

Building No. 29
Unassigned



HEAVY FURNITURE INSTALLED.

REPAIRS.

	Expended to 3-1-09. \$
Bedsteads, iron	Year ending 3-1-10. \$
Bookcases	" " 3-1-11. _____
Chairs, dining, arm	" " 3-1-12. _____
" " side	" " 3-1-13. _____
" library, arm	" " 3-1-14. _____
" " side	" " 3-1-15. _____
Chests of drawers	" " 3-1-16. _____
Curtain poles	" " 3-1-17. _____
Decks	" " 3-1-18. <u>2933.00</u>
Divans	" " 3-1-19. _____
Hatracks	" " 3-1-20. <u>3786.00</u>
Refrigerators	" " 3-1-21. _____
Sideboards	" " 3-1-22. _____
Tables, dining	" " 3-1-23. _____
" kitchen	" " 3-1-24. _____
" parlor	" " 3-1-25. _____
Wall lockers	" " 3-1-26. _____
Total	\$

O.O.M.G.: Plan No. _____ Building No. T-15 - T-19

METERS INSTALLED

(Give quantity and capacity)

Gas	None
Electric	"
Oil	"
Steam	"
Water	"

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

"c" State whether gas, coal, oil, or central heating plant.

16-5078

O.Q.M.G.: Plan No. _____ Building No. T-20 - T-24

COOKING RANGES INSTALLED (Give quantity and size)	REFRIGERATORS INSTALLED (Give quantity and size)	METERS INSTALLED (Give quantity and capacity)
Coal <u>None</u>	Gas <u>None</u>	Gas <u>None</u>
Gas <u>"</u>	Electric <u>"</u>	Electric <u>"</u>
Electric <u>"</u>	Ice <u>"</u>	Oil <u>"</u>
Oil <u>"</u>		Steam <u>"</u>
Steam <u>"</u>		Water <u>"</u>

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

O.O.M.C.: Plan No. _____ Building No. T-25 - T-29

* Total cost, \$ 3,399.00 2,000.00 Date completed April 24, 1941

Material: Walls Wood Foundation Concrete Walls and Piers

Roof Wood, Tar Paper Floors. Wood

Total floor area above basement, square feet 928

Size: Main building 39'-2" x 51'-4" Wings - - - - - Basement - - - - -

a Cannon Stoves (How heated) _____ Height of first floor above ground 4"

b Stove-Hot Air (Type of heat) How lighted Electricity
Water connections Yes

c. None (Type of domestic hot water heater) Sewer connections Yes
Gas connections No

COOKING RANGES INSTALLED
(Give quantity and size)

REFRIGERATORS INSTALLED
(Give quantity and size)

METERS INSTALLED
(Give quantity and capacity)

Coal None

Gas None

Gas -----None-----

Gas

Electric "

Electric "

Electric _____

Ice "

Oil "

Oil 11

Steam -----"-----

Steam....."

Water _____"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

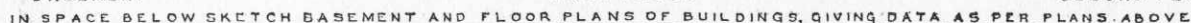
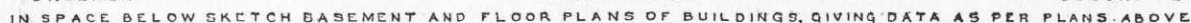
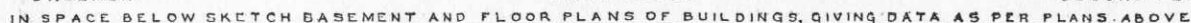
ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.

A full-page view of a blank sheet of graph paper. The page is covered by a uniform grid of small squares. There are no margins, text, or other markings on the paper.

REMARKS

Company Administration

O. Ahlberg, Contractor--Construction Cost in Contract	3,399.00
---	----------

Graves-quinn, Contractor	"	"	"	"	2,000.00
--------------------------	---	---	---	---	----------

1-25-42 - Building No. T-26 damaged by fire - estimated damage to building \$200.00.

INSTRUCTIONS

If plans of building are available, forward copy of same showing information called for above. These plans should be checked against the building and any variations from same in the building as constructed should be noted.

If plans are not available make sketch plans and elevation in spaces above. The plans shown are typical of "quarters." Similar plans may be made for all types of buildings. There are 10 squares to the inch. Each square will represent 1', 2', 4', or 8', etc., as may be necessary to show entire building in the space allowed. Show inside dimensions and designation of each room. Indicate location of water and sewer connections. In space under heading "Details" show character of construction, story heights, etc.

Post Plan No.

O.O.M.G.: Plan No. _____ Building No. 30

Place FORT GETTY, R. I.
Designation of building Flag Pole Capacity _____
Total cost, \$ 650.00 Date completed 9-6-41
Material: Walls Steel (telescope) Foundation Concrete
Roof _____ Floors _____
Total floor area above basement, square feet _____
Size: Main building 73' above grade Wings _____ Basement _____
a _____ Height of first floor above ground _____
(How heated) _____
b _____ How lighted _____
(Type of heat) _____
c _____ Water connections _____
(Type of domestic hot water heater) _____ Sewer connections _____
Gas connections _____

COOKING RANGES INSTALLED
(Give quantity and size)

Coal _____
Gas _____
Electric _____
Oil _____
Steam _____

REFRIGERATORS INSTALLED
(Give quantity and size)

Gas _____
Electric _____
Ice _____

METERS INSTALLED
(Give quantity and capacity)

Gas _____
Electric _____
Oil _____
Steam _____
Water _____

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No.

O.O.M.G.: Plan No. _____ Building No. T-30

Place Fort Getty, Rhode Island
Designation of building Officers' quarters Capacity 40 Men
Total cost, \$ 12,000.00 Date completed March 4, 1941
Material: Walls Wood Foundation Concrete Piers
Roof Wood, Tar Paper Floors Wood
Total floor area above basement, square feet 7500
Size: Main building 146'-0" x 29'-6" Wings - Basement -
a Hot Air Furnace Height of first floor above ground 1'-10"
(How heated)
b Hot Air How lighted Electricity
(Type of heat) Water connections Yes
c Coal Sewer connections Yes
(Type of domestic hot water heater) Gas connections None

COOKING RANGES INSTALLED

(Give quantity and size)

Coal 2--A.R. #5

Gas None

Electric 1--Frialator

Oil None

Steam "

REFRIGERATORS INSTALLED

(Give quantity and size)

Gas None

Electric 1--19.2 Cu. Ft.

Ice None

METERS INSTALLED

(Give quantity and capacity)	
Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.

"b" State whether steam, vapor, hot water, or hot air.

"c" State whether gas, coal, oil, or central heating plant.

See reverse side of form.

O.O.M.G.: Plan No. _____ Building No. T-31

COOKING RANGES INSTALLED

REFRIGERATORS INSTALLED

METERS INSTALLED

(Give quantity and size)

Gas	None
Electric	1-19.2 Cu. Ft.
Ice	None

(Give quantity and capacity)

Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

Post Plan No. _____ T-34, T-35

O.O.M.G.: Plan No. _____ Building No. T-32

Place Fort Getty, Rhode Island
Designation of building Storehouse Capacity 2700 Sq. Ft.

* Total cost, \$6,592.00; 3,500.00 Date completed March 4, 1941

Material: Walls Wood Foundation Concrete Walls

Material.	Walls	Concrete
Roof	Wood, Tar Paper	Floors Concrete

Total floor area above basement, square feet 2700

Size: Main building 108'-2" x 25'-4" Wings Basement

a. None (How heated) _____ Height of first floor above ground 1'-0"

b None (Type of heat) How lighted Electricity
Water connections None

c. None (Type of domestic hot water heater) Sewer connections None
Gas connections None

COOKING RANGES INSTALLED
(Give quantity and size)

REFRIGERATORS INSTALLED
(Give quantity and size)

METERS INSTALLED
[(Give quantity and capacity)]

Coal None

Gas None

Gas None

Gas _____ "

Electric -----

Electric

Electric _____

Ice -----

Oil "

Oil _____ "

Steam _____

Steam "-----

Water

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No.

O.O.M.G.: Plan No. _____ Building No. T-33

Place	Port Getty, Rhode Island	
Designation of building	Storehouse	
Total cost, \$	3,605.00	Capacity 1371 Sq. Ft.
Date completed	April 24, 1941	
Material: Walls	Wood	Foundation Concrete Walls
Roof	Wood, Tar Paper	Floors Concrete
Total floor area above basement, square feet	1371	
Size: Main building	54'-2" x 25'-4"	Wings - Basement -
a. None	Height of first floor above ground	1'-0"
b. None	(How heated)	How lighted Electricity
	(Type of heat)	Water connections None
c. None	(Type of domestic hot water heater)	Sewer connections None
		Gas connections None

COOKING RANGES INSTALLED

(Give quantity and size)

Coal	None
Gas	"
Electric	"
Oil	"
Steam	"

REFRIGERATORS INSTALLED

(Give quantity and size)

Gas 1.000

Electric "

Ice "

METERS INSTALLED

(Give quantity and capacity)

Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.

"b" State whether steam, vapor, hot water, or hot air.

"c" State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No.

O.O.M.G.: Plan No. _____ Building No. T-36

Place Fort Getty, Rhode Island
Designation of building Post Exchange Capacity _____
Total cost, \$ 8,000.00 Date completed March 4, 1941
Material: Walls Wood Foundation Concrete Walls and Piers
Roof Wood, Tar Paper Floors Wood
Total floor area above basement, square feet 2232
Size: Main building 63'-0" x 37'-0" Wings - Basement -
a Hot Air Furnace (How heated) Height of first floor above ground 1' 10"
b Hot Air (Type of heat) How lighted Electricity
c Coal (Type of domestic hot water heater) Water connections Yes
Sewer connections Yes
Gas connections None

COOKING RANGES INSTALLED

(Give quantity and size)

Coal	None
Gas	"
Electric	"
Oil	"
Steam	"

REFRIGERATORS INSTALLED

(Give quantity and size)

Gas None

Electric "

Ice #

METERS INSTALLED

(Give quantity and capacity)

Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No.

Plan No. _____ Building No. T-37

Place	Fort Getty, Rhode Island	
Designation of building	Guard House	
Total cost, \$	5,665.00	Capacity 24 Prisoners
Date completed	Concrete Piers	April 24, 1941
Material: Walls	Wood	Foundation Concrete Piers
Roof	Wood, Tar Paper	Floors Wood
Total floor area above basement, square feet	1675	
Size: Main building	66'-2" x 25'-4"	Wings - Basement -
a	Hot Air Furnace	Height of first floor above ground 1'-10"
	(How heated)	
b	Hot Air	How lighted Electricity
	(Type of heat)	
		Water connections Yes
c	Coal	Sewer connections Yes
	(Type of domestic hot water heater)	Gas connections None

COOKING RANGES INSTALLED
(Give quantity and size)

Coal	None
Gas	"
Electric	"
Oil	"
Steam	"

REFRIGERATORS INSTALLED

(Give quantity and size)

Gas None

Electric "

Ice "

METERS INSTALLED

(Give quantity and capacity)

Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No.

O.O.M.G.: Plan No. _____ Building No. T-38

Place Fort Getty, Rhode Island 21 Bed S.P.
Designation of building Infirmery Capacity (1) 2 Bed-N.C.O.
Total cost, \$ 9,700.00 Date completed March 4, 1941
Material: Walls Wood Foundation Concrete Walls and Piers
Roof Wood, Tar Paper Floors Wood
Total floor area above basement, square feet 5280
Size: Main building 90'-2" x 25'-4" Wings - Basement -
a Hot Air Furnace (How heated) Height of first floor above ground 1'-10"
b Hot Air (Type of heat) How lighted Electricity
Water connections Yes
c Coal (Type of domestic hot water heater) Sewer connections Yes
Gas connections None

COOKING RANGES INSTALLED
(Give quantity and size)

Coal	None
Gas	"
Electric	"
Oil	"
Steam	"

REFRIGERATORS INSTALLED

(Give quantity and size)

Gas None

Electric "

Ice "

METERS INSTALLED

(Give quantity and capacity)

Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)



INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Place Fort Getty, Rhode Island
Designation of building Recreation Capacity 364 Seats
Total cost, \$ 16,121.00 Date completed April 24, 1941
Material: Walls Wood Foundation Concrete Walls and Piers
Roof Wood, Tar Paper Floors Wood
Total floor area above basement, square feet _____
Size: Main building 99'-0" x 37'-0" Wings - Basement -
a Hot Air Furnace Height of first floor above ground 1' 4"
(How heated)
b Hot Air How lighted Electricity
(Type of heat)
Water connections Yes
c None Sewer connections Yes
(Type of domestic hot water heater) Gas connections No

REFRIGERATORS INSTALLED

(Give quantity and size)

(Give quantity and size)

(Give quantity and capacity)

ADDITIONS AND INSTALLATIONS

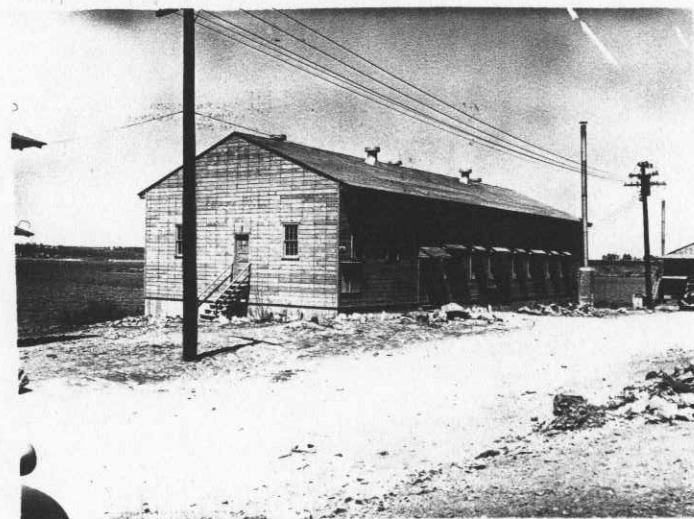
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"b" State whether steam, vapor, hot water, or hot air.

See reverse side of form.

O.Q.M.G.: Plan No. _____ Building No. _____ T-39

Building No. T-39



Post Plan No. _____

O.O.M.C.: Plan No. _____ Building No. T-40

Place Fort Getty, Rhode Island
Designation of building Fire-House Capacity 2 Trucks
Total cost, \$ 3,399.90 Date completed March 4, 1941
Material: Walls Wood Foundation Concrete Walls and Piers Concrete
Roof Wood, Tar Paper Floors Concrete
Total floor area above basement, square feet 625
Size: Main building 24'-6" x 25'-6" Wings H.P. 8'-0" x 10'-0" Basement -
a Cannon Stove # 20 (How heated) Height of first floor above ground 6"
b Hot Air (Type of heat) How lighted Electricity
Water connections None
c None (Type of domestic hot water heater) Sewer connections "
Gas connections "

COOKING RANGES INSTALLED

REFRIGERATORS INSTALLED

METERS INSTALLED

(Give quantity and size)

Coal None

Gas "

Electric "

Oil "

Steam "

(Give quantity and size)

Gas None

Electric "

Ice "

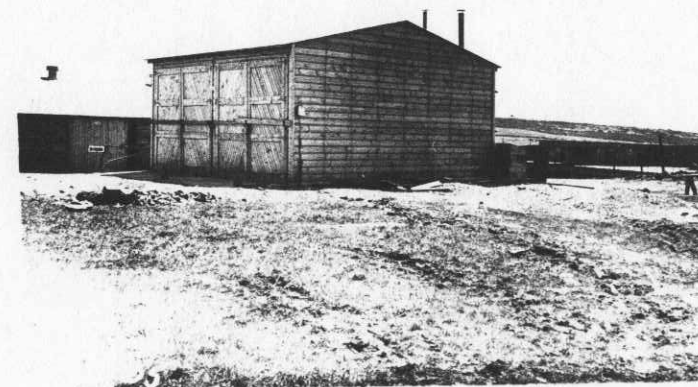
(Give quantity and capacity)

Gas	NONE
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)



INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No.

O.Q.M.G.: Plan No. _____ Building No. T-100

Place Station Hospital, Ft. Getty, R.I.
Designation of building Administration Bldg. Capacity 3675
Total cost, \$ 15,600.00 Date completed May 5, 1941
Material: Walls Wood Foundation Concrete Piers
Roof Wood, Tar Paper Floors Wood
Total floor area above basement, square feet 3675
Size: Main building 147' - 0" x 55' - 4" Wings - Basement -
a Central Heating (How heated) Height of first floor above ground 1' - 10"
b Steam (Type of heat) How lighted Electricity
c Hot Water Generator (Type of domestic hot water heater) Water connections yes
Sewer connections yes
Gas connections none

COOKING RANGES INSTALLED
(Give quantity and size)

Coal None
Gas "
Electric "
Oil "
Steam "

REFRIGERATORS INSTALLED
(Give quantity and size)

Gas None
Electric "
Ice "

METERS INSTALLED
(Give quantity and capacity)

Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No.

O.O.M.G.: Plan No. _____ Building No. T - 101

Place Ft. Getty, Station Hospital
Designation of building Hospital Quarters and mess Capacity 5 officers
Total cost, \$ 4,200.00 Date completed May 5, 1941
Material: Walls Wood Foundation Concrete and piers
Roof wood, Tar paper Floors Wood
Total floor area above basement, square feet 1770
Size: Main building 60'-0x29'-6" Wings - Basement -
a Central Heating Height of first floor above ground 1' - 10"
(How heated)
b Steam How lighted Electricity
(Type of heat)
c Hot Water Generator Water connections Yes
(Type of domestic hot water heater) Sewer connections Yes
Gas connections None

COOKING RANGES INSTALLED

(Give quantity and size)

Coal _____

Gas _____

Electric _____

Oil _____

Steam _____

REFRIGERATORS INSTALLED

(Give quantity and size)

Gas _____

Electric _____

Ice _____

METERS INSTALLED

(Give quantity and capacity)

Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

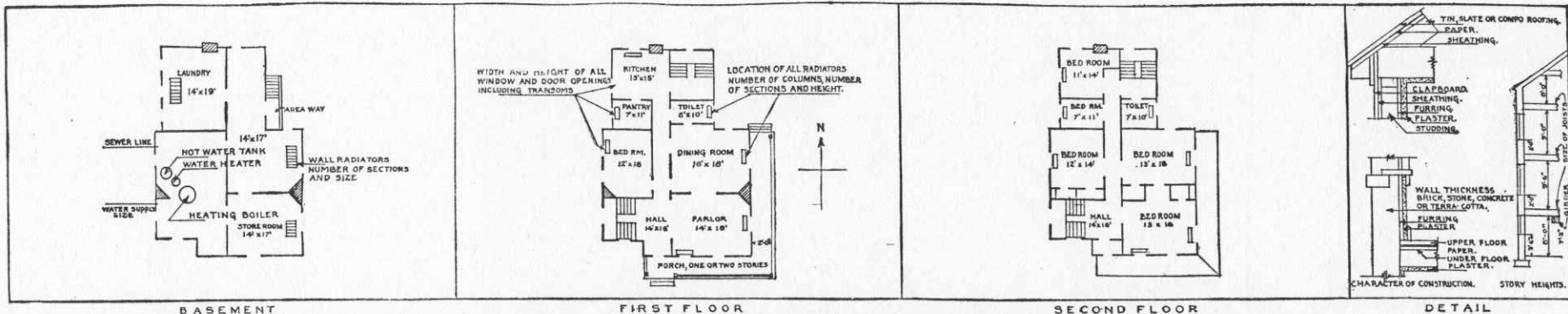
(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

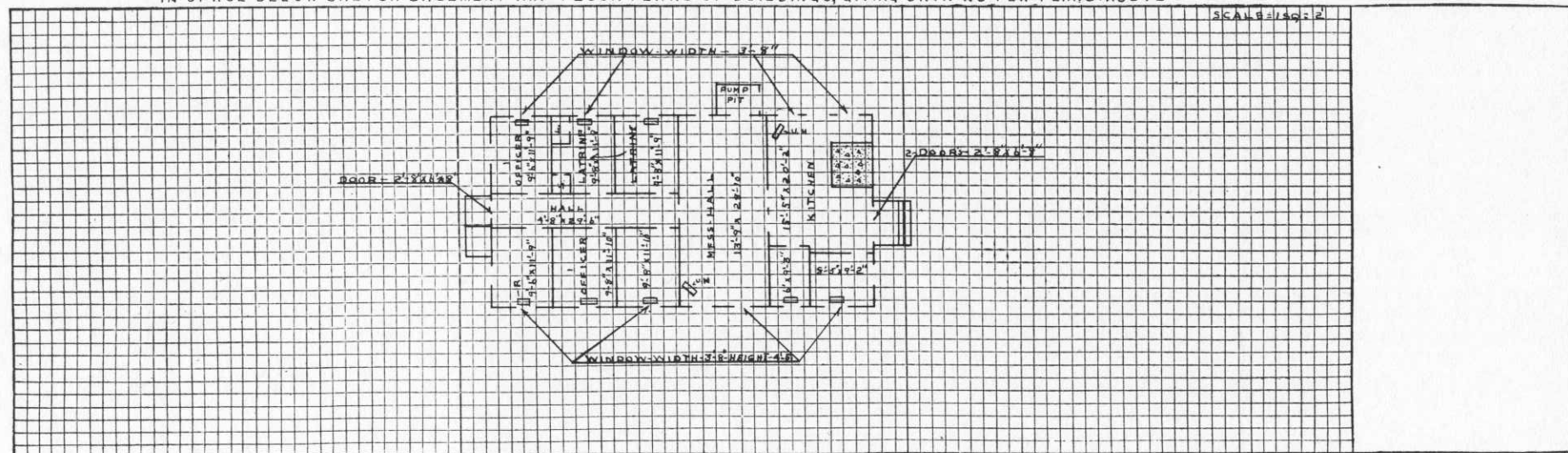
INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.

"b" State whether steam, vapor, hot water, or hot air.

"c" State whether gas, coal, oil, or central heating plant.



IN SPACE BELOW SKETCH BASEMENT AND FLOOR PLANS OF BUILDINGS, GIVING DATA AS PER PLANS ABOVE



REMARKS

INSTRUCTIONS

If plans of building are available, forward copy of same showing information called for above. These plans should be checked against the building and any variations from same in the building as constructed should be noted.

If plans are not available make sketch plans and elevation in spaces above. The plans shown are typical of "quarters." Similar plans may be made for all types of buildings. There are 10 squares to the inch. Each square will represent 1', 2', 4', or 8', etc., as may be necessary to show entire building in the space allowed. Show inside dimensions and designation of each room. Indicate location of water and sewer connections. In space under heading "Details" show character of construction, story heights, etc.

Post Plan No.

O.O.M.G.: Plan No. _____ Building No. T - 102

Place Fort Getty, Station Hospital
Designation of building Hospital Quarters (Nurses) Capacity 6 Persons
Total cost, \$ 5,100.00 Date completed May 5, 1941
Material: Walls Wood Foundation Concrete Walls and Piers
Roof Wood, Tar Paper Floors Wood
Total floor area above basement, square feet 1475
Size: Main building 50'-0" x 23'-5" Wings - Basement -
a Central Heating (How heated) Height of first floor above ground 1' - 10"
b Steam (Type of heat) How lighted Electricity
c Hot Water Generator (coil) (Type of domestic hot water heater) Water connections Yes
Sewer connections Yes
Gas connections None

COOKING RANGES INSTALLED
(Give quantity and size)

Coal _____	None
Gas _____	"
Electric _____	"
Oil _____	"
Steam _____	"

REFRIGERATORS INSTALLED

(Give quantity and size)

Gas	None
Electric	"
Ice	"

METERS INSTALLED

(Give quantity and capacity)	
Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.

"b" State whether steam, vapor, hot water, or hot air.

"c" State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No. _____

O.Q.M.G.: Plan No. _____ Building No. T-103

Place Station Hospital, Fort Getty, R.I. 16 Bed Ward
Designation of building Ward Building Capacity 10 Single Bed
Total cost, \$ 17,000.00 Date completed May 5, 1941
Material: Walls Wood Foundation Concrete and piers
Roof Wood, Tar Paper Floors Wood
Total floor area above basement, square feet 3807
Size: Main building 150'-6" x 35'-4" Wings - Basement -
a Central Heating Height of first floor above ground 1' - 0"
(How heated)
b Steam How lighted Electricity
(Type of heat)
Water connections Yes
c Hot Water Generator Sewer connections "
(Type of domestic hot water heater)
Gas connections None

COOKING RANGES INSTALLED

(Give quantity and size)

Coal None

Gas _____ "

Electric Range

Oil None

On _____
Steam "_____"

Steam

REFRIGERATORS INSTALLED

(Give quantity and size)

Gas None

Electric 22

Ice None

100

METERS INSTALLED

(Give quantity and capacity)

Gas None

Electric "

Oil "

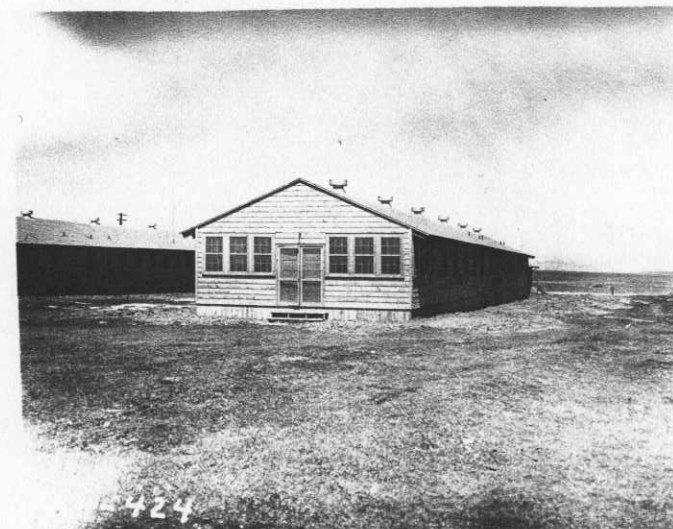
On _____
Steam " _____

Steam -----
Water "

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.

"b" State whether steam, vapor, hot water, or hot air.

"c" State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No. _____

O.O.M.C.: Plan No. _____ Building No. T-104

Place	Station Hospital, Fort Getty, Rhode Island	G.U. Clinic
Designation of building	Ward Building	Capacity 16 Bed Ward
Total cost, \$	13,000.00	Date completed May 5, 1941
Material: Walls	Wood	Foundation Concrete and Piers
Roof	Wood, Tar Paper	Floors Wood
Total floor area above basement, square feet	3807	
Size: Main building	150'-6" x 25'-4"	Wings -
a	Central Heating	Basement -
	(How heated)	Height of first floor above ground 1' - 0"
b	Steam	How lighted Electricity
	(Type of heat)	Water connections Yes
c	Hot Water Generator	Sewer connections "
	(Type of domestic hot water heater)	Gas connections None

COOKING RANGES INSTALLED
(Give quantity and size)

Coal _____ None _____
Gas _____ " _____
Electric _____ Range _____
Oil _____ None _____
Steam _____ " _____

REFRIGERATORS INSTALLED
(Give quantity and size)

Gas ----- None -----
Electric ----- 92 -----
Ice ----- None -----

METERS INSTALLED

Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No. _____

O.O.M.G.: Plan No. _____ Building No. T-105

Place Station Hospital, Fort Getty, Rhode Island
 Designation of building Hospital Barracks Capacity 35 men
 Total cost, \$ 8,259.00 Date completed May 5, 1941
 Material: Walls Wood Foundation Concrete and Piers
 Roof Wood, Tar Paper Floors Wood
 Total floor area above basement, square feet 2655
 Size: Main building 20'-0" x 22'-6" Wings - Basement -
 a Central Heating Height of first floor above ground 1' - 0"
 (How heated)
 b Steam How lighted Electricity
 (Type of heat)
 c Hot Water Generator Water connections Yes
 (Type of domestic hot water heater) Sewer connections Yes
 Gas connections No

COOKING RANGES INSTALLED
(Give quantity and size)

Coal _____ None _____
Gas _____ " _____
Electric _____ " _____
Oil _____ " _____
Steam _____ " _____

REFRIGERATORS INSTALLED

(Give quantity and size)

Gas	None
Electric	"
Ice	"

METERS INSTALLED

(Give quantity and capacity)

Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—"a" State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.

"b" State whether steam, vapor, hot water, or hot air.

"c" State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No. _____

Place Station Hospital, Fort Getty, Rhode Island
Designation of building Heating Plant Capacity 3 Boilers and 6
Total cost, \$ 62,403.00 Date completed May 5, 1941
Material: Walls Wood, 2" Gauge Corv. Metal Foundation Concrete Walls
Roof _____ Floors Concrete
Total floor area above basement, square feet 200
Size: Main building 36'-0" x 5'-4" Wings Coal Bin, 36'-0" x 10'-6" Basement _____
a. Self Heating from Boilers. 45 ton Coal Height of first floor above
(How heated) ground Floor - 6"
b. _____
(Type of heat) _____
How lighted Electricity
Water connections Yes
c. _____
(Type of domestic hot water heater) _____
Sewer connections Yes
Gas connections None

(Give quantity and size)

(Give quantity and size)

Coal None

100 200 300 400 500 600 700 800 900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 2500 2600 2700 2800 2900 3000 3100 3200 3300 3400 3500 3600 3700 3800 3900 4000 4100 4200 4300 4400 4500 4600 4700 4800 4900 5000 5100 5200 5300 5400 5500 5600 5700 5800 5900 6000 6100 6200 6300 6400 6500 6600 6700 6800 6900 7000 7100 7200 7300 7400 7500 7600 7700 7800 7900 8000 8100 8200 8300 8400 8500 8600 8700 8800 8900 9000 9100 9200 9300 9400 9500 9600 9700 9800 9900 10000

Gas _____

Electric "

Electric

Oil _____

Steern "

(Give quantity and size)

(Give quantity and size)

Gas None

Gas _____

Electric

Ice "

100 -----

(Give quantity and capacity)

(Give quantity and capacity)

None

None

etric _____

99

101-102 103-104 105-106 107-108 109-110 111-112 113-114 115-116 117-118 119-120 121-122 123-124 125-126 127-128 129-130 131-132 133-134 135-136 137-138 139-140 141-142 143-144 145-146 147-148 149-150 151-152 153-154 155-156 157-158 159-160 161-162 163-164 165-166 167-168 169-170 171-172 173-174 175-176 177-178 179-180 181-182 183-184 185-186 187-188 189-190 191-192 193-194 195-196 197-198 199-200 201-202 203-204 205-206 207-208 209-210 211-212 213-214 215-216 217-218 219-220 221-222 223-224 225-226 227-228 229-230 231-232 233-234 235-236 237-238 239-240 241-242 243-244 245-246 247-248 249-250 251-252 253-254 255-256 257-258 259-260 261-262 263-264 265-266 267-268 269-270 271-272 273-274 275-276 277-278 279-280 281-282 283-284 285-286 287-288 289-290 291-292 293-294 295-296 297-298 299-300 301-302 303-304 305-306 307-308 309-310 311-312 313-314 315-316 317-318 319-320 321-322 323-324 325-326 327-328 329-330 331-332 333-334 335-336 337-338 339-340 341-342 343-344 345-346 347-348 349-350 351-352 353-354 355-356 357-358 359-360 361-362 363-364 365-366 367-368 369-370 371-372 373-374 375-376 377-378 379-380 381-382 383-384 385-386 387-388 389-390 391-392 393-394 395-396 397-398 399-400 401-402 403-404 405-406 407-408 409-410 411-412 413-414 415-416 417-418 419-420 421-422 423-424 425-426 427-428 429-430 431-432 433-434 435-436 437-438 439-440 441-442 443-444 445-446 447-448 449-450 451-452 453-454 455-456 457-458 459-460 461-462 463-464 465-466 467-468 469-470 471-472 473-474 475-476 477-478 479-480 481-482 483-484 485-486 487-488 489-490 491-492 493-494 495-496 497-498 499-500 501-502 503-504 505-506 507-508 509-510 511-512 513-514 515-516 517-518 519-520 521-522 523-524 525-526 527-528 529-530 531-532 533-534 535-536 537-538 539-540 541-542 543-544 545-546 547-548 549-550 551-552 553-554 555-556 557-558 559-560 561-562 563-564 565-566 567-568 569-570 571-572 573-574 575-576 577-578 579-580 581-582 583-584 585-586 587-588 589-590 591-592 593-594 595-596 597-598 599-600 601-602 603-604 605-606 607-608 609-610 611-612 613-614 615-616 617-618 619-620 621-622 623-624 625-626 627-628 629-630 631-632 633-634 635-636 637-638 639-640 641-642 643-644 645-646 647-648 649-650 651-652 653-654 655-656 657-658 659-660 661-662 663-664 665-666 667-668 669-670 671-672 673-674 675-676 677-678 679-680 681-682 683-684 685-686 687-688 689-690 691-692 693-694 695-696 697-698 699-700 701-702 703-704 705-706 707-708 709-710 711-712 713-714 715-716 717-718 719-720 721-722 723-724 725-726 727-728 729-730 731-732 733-734 735-736 737-738 739-740 741-742 743-744 745-746 747-748 749-750 751-752 753-754 755-756 757-758 759-760 761-762 763-764 765-766 767-768 769-770 771-772 773-774 775-776 777-778 779-780 781-782 783-784 785-786 787-788 789-790 791-792 793-794 795-796 797-798 799-800 801-802 803-804 805-806 807-808 809-810 811-812 813-814 815-816 817-818 819-820 821-822 823-824 825-826 827-828 829-830 831-832 833-834 835-836 837-838 839-840 841-842 843-844 845-846 847-848 849-850 851-852 853-854 855-856 857-858 859-860 861-862 863-864 865-866 867-868 869-870 871-872 873-874 875-876 877-878 879-880 881-882 883-884 885-886 887-888 889-890 891-892 893-894 895-896 897-898 899-900 901-902 903-904 905-906 907-908 909-910 911-912 913-914 915-916 917-918 919-920 921-922 923-924 925-926 927-928 929-930 931-932 933-934 935-936 937-938 939-940 941-942 943-944 945-946 947-948 949-950 951-952 953-954 955-956 957-958 959-960 961-962 963-964 965-966 967-968 969-970 971-972 973-974 975-976 977-978 979-980 981-982 983-984 985-986 987-988 989-990 991-992 993-994 995-996 997-998 999-1000 1001-1002 1003-1004 1005-1006 1007-1008 1009-1010 1011-1012 1013-1014 1015-1016 1017-1018 1019-1020 1021-1022 1023-1024 1025-1026 1027-1028 1029-1030 1031-1032 1033-1034 1035-1036 1037-1038 1039-1040 1041-1042 1043-1044 1045-1046 1047-1048 1049-1050 1051-1052 1053-1054 1055-1056 1057-1058 1059-1060 1061-1062 1063-1064 1065-1066 1067-1068 1069-1070 1071-1072 1073-1074 1075-1076 1077-1078 1079-1080 1081-1082 1083-1084 1085-1086 1087-1088 1089-1090 1091-1092 1093-1094 1095-1096 1097-1098 109

m. _____

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

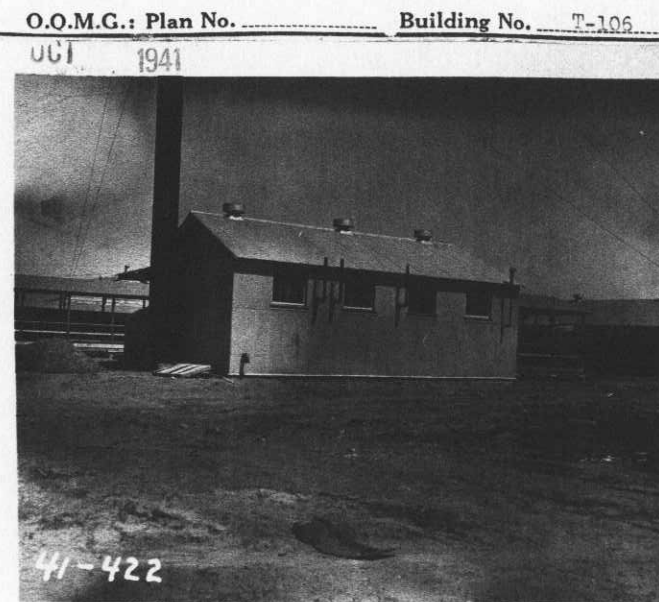
ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.



Post Plan No. _____

O.Q.M.G.: Plan No. _____ Building No. T-107

Place Station Hospital, Fort Getty, Rhode Island
Designation of building Hospital Mess Capacity 72 Men
Total cost, \$ 5,300.00 Date completed May 5, 1941
Material: Walls Wood Foundation Concrete Walls and Piers
Roof Wood, Tar Paper Floors Wood
Total floor area above basement, square feet 1350
Size: Main building 54'-2" x 28'-4" Wings - Basement -
a Central Heating (How heated) Height of first floor above ground 1' - 10"
b Steam (Type of heat) How lighted Electricity
c Hot Water Generator (Type of domestic hot water heater) Water connections Yes
Sewer connections Yes
Gas connections None

COOKING RANGES INSTALLED

(Give quantity and size)

Coal	1 - A.R. #5
Gas	None
Electric	1 - Frigidaire
Oil	None
Steam	"

REFRIGERATORS INSTALLED

(Give quantity and size)

Gas None

Electric " 2

Ice Box

METERS INSTALLED

(Give quantity and capacity)

Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No. _____

O.O.M.G.: Plan No. _____ Building No. T-108

Place Station Hospital, Fort Getty, Rhode Island

Designation of building Storehouse Capacity 1075

Total cost, \$ 6,000.00 Date completed May 5, 1941

Material: Walls Wood Foundation Concrete Walls and Piers

Roof Wood, Tar paper Floors Wood

Total floor area above basement, square feet 1575

Size: Main building 53'-0" x 295'-4" Wings * Basement *

a Central Heating Height of first floor above ground 1' - 0"
(How heated)

b Steam How lighted Electricity
(Type of heat)

c Electric Water connections Yes
(Type of domestic hot water heater) Sewer connections "
Gas connections None

COOKING RANGES INSTALLED

(Give quantity and size)

Coal	None
Gas	"
Electric	"
Oil	"
Steam	"

REFRIGERATORS INSTALLED

(Give quantity and size)

Gas None

Electric (Mortuary)

Ice None

METERS INSTALLED

(Give quantity and capacity)	
Gas	None
Electric	"
Oil	"
Steam	"
Water	"

Approval of Secretary of War
as required by A. R. 30-1435
(Give date and File Number)

ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.

Post Plan No. - - -

O. Q. M. G.: Plan No. - - - Building No. 410 ✓

Place Fort Getty, Rhode Island.

Designation of building **Storehouse and Shop**

Total cost, \$Est. Cost. \$2400.00 Date completed 1921

Material: Walls Tile, plastered outside Foundation Stone

Roof	Felt Shingles	Floors	Concrete
------	---------------	--------	----------

Total floor area above basement, square feet 800

Size: Main building 20' x 40' Wings None Basement None

a ----- Stove
(How heated)

b _____ Coal
(Type of heat)

c _____ None
(Type of domestic hot water heater)

Height of first floor above
ground **Ground floor**

How lighted Not lighted

Water connections NoneSewer connections None

Gas connections None

COOKING RANGES INSTALLED

METERS INSTALLED

Coal, No. None

Gas, No. None

Electric, No. None

Oil, No. NoneSteam, No. None

Gas, No. None

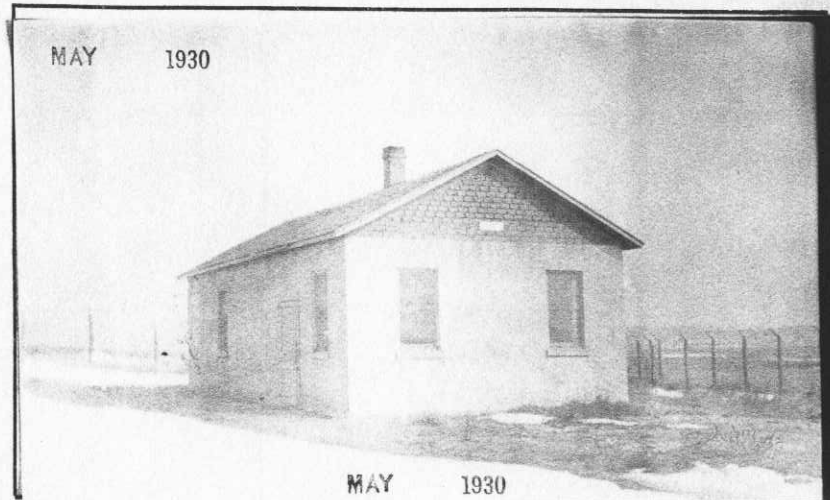
Electric. No. **None**

Oil, No. None

Steam, No. **None**

Water, No. None

.....



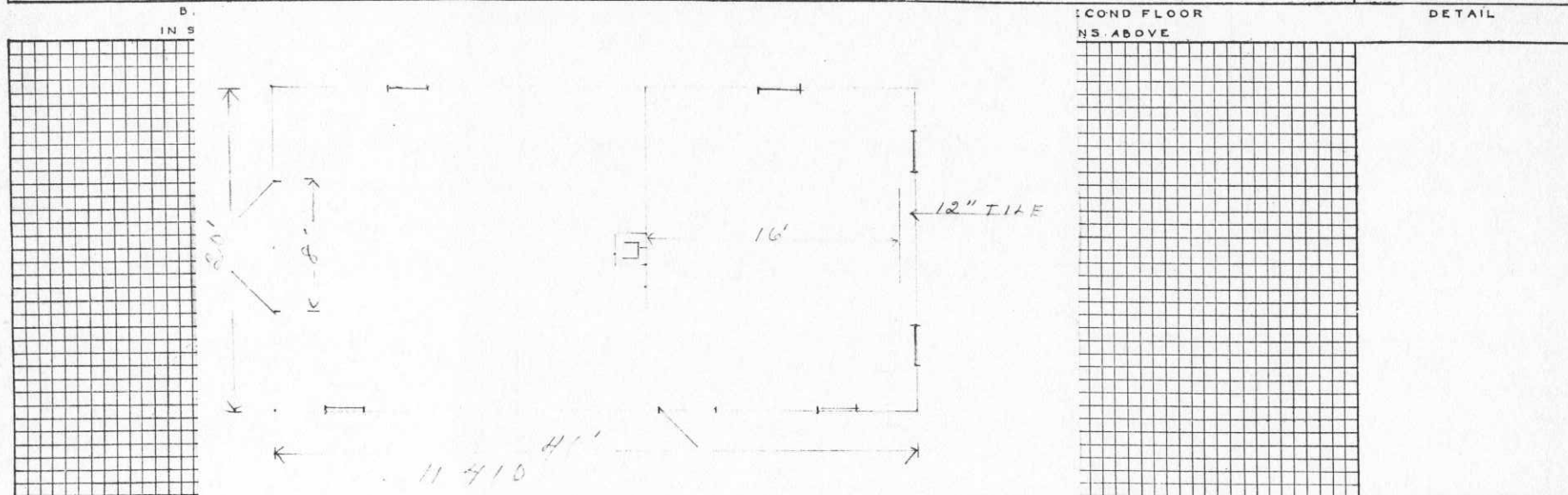
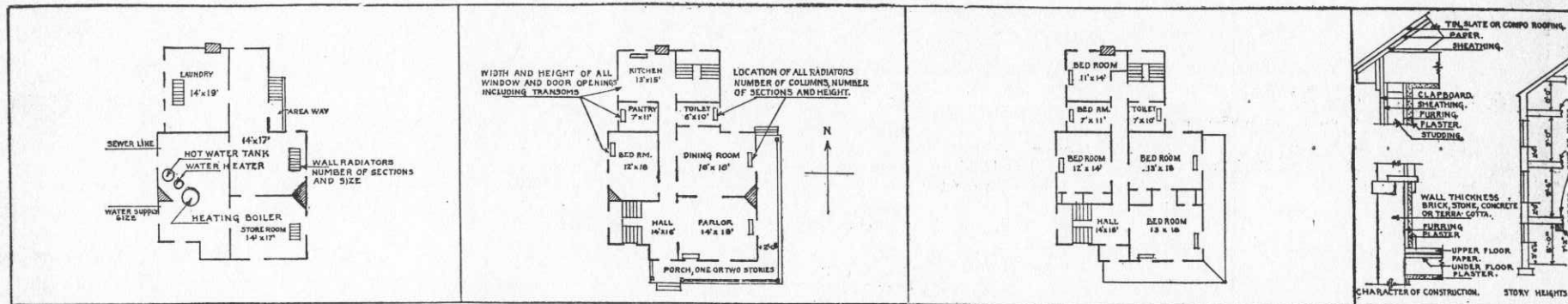
ADDITIONS AND INSTALLATIONS

(Below enter chronologically all modifications, additions, introductions of water, sewer, lights, heating, etc.)

[illegible]

INSTRUCTIONS.—“a” State whether heated from central heating or by individual heating plants, stoves, furnaces, or fireplaces.
 “b” State whether steam, vapor, hot water, or hot air.
 “c” State whether gas, coal, oil, or central heating plant.

See reverse side of form.



This building

, 4th Ind. AG 660 (11-8-29) Misc. (P)

Storehouse: In Engineer yard east of road and near Battery Tousard; 20'x40'; one story; tile walls, plastered outside; roof covered with felt shingles; concrete floor used for storage of plant tools and materials and for workshop; Cost \$2400.00.

INSTRUCTIONS

If plans of building are available, forward copy of same showing information called for above. These plans should be checked against the building and any variations from same in the building as constructed should be noted.

If plans are not available make sketch plans and elevation in spaces above. The plans shown are typical of "quarters." Similar plans may be made for all types of buildings. There are 10 squares to the inch. Each square will represent 1', 2', 4', or 8', etc., as may be necessary to show entire building in the space allowed. Show inside dimensions and designation of each room. Indicate location of water and sewer connections. In space under heading "Details" show character of construction, story heights, etc.

ANNUAL REPORT OF CONSTRUCTION AND REPAIR

Fiscal year ending June 30, 1938

Fort Greble, R.I., F.Y. 1938

(1) BUILD- ING No.	(2) DESIGNATION OF BUILDINGS OR SYSTEMS	(3) BRIEF DESCRIPTION OF IMPORTANT REPAIR WORK ACCOMPLISHED DURING THE FISCAL YEAR, COSTING \$100 OR MORE	(4) REPAIR EXPENDITURES FOR THE PRESENT FISCAL YEAR	(5) TOTAL REPAIR EXPENDITURES FROM THE DATE THE BUILD- ING OR SYSTEM WAS CONSTRUCTED TO JUNE 30, PRESENT FISCAL YEAR	(6) TOTAL ORIGINAL COST, NOT INCLUDING REPAIRS, TO JUNE 30, PRESENT FISCAL YEAR	(7) COST OF NEW CON- STRUCTION (INCLUDING ALTERATIONS AND ADDITIONS BUT NOT REPAIRS) DURING THE PRESENT FISCAL YEAR	(8) REPLACEMENT VALUE JUNE 30, 19..... PRESENT FISCAL YEAR
1-2	M. Off. Qtrs.	P	\$ 00	\$ 5,974 91	\$ 13,822 28		\$ 28,000 00
3-4	M. Off. Qtrs.	P	00	5,351 44	14,028 13		20,000 00
22	M. Off. Qtrs.	P	00	2,792 54	9,074 39		10,000 00
23	M. Off. Qtrs.	P	00	5,729 13	9,640 69		10,000 00
24	M. Off. Qtrs.	P	00	9,372 24	11,013 00		10,000 00
25	M. Off. Qtrs.	P	00	4,526 47	10,209 00		10,000 00
		Sub - total	00	31,746 73	67,787 48		88,000 00
34	Engr's Qtrs.	P	00	767 40	3,500 00		6,000 00
45	Engr's Qtrs.	P	00	378 63	4,675 00		7,000 00
		Sub - total	00	1,146 03	8,174 00		13,000 00
7-8	N.C.O. Qtrs.	P	00	2,940 52	3,193 00		9,200 00
14	N.C.O. Qtrs.	P	00	538 98	2,483 00		3,000 00
27	N.C.O. Qtrs.	P	00	1,739 82	3,000 00		3,200 00
35-36	N.C.O. Qtrs.	P	00	1,577 20	4,645 00		8,000 00
49-50	N.C.O. Qtrs.	P	00	1,998 69	7,102 50		9,500 00
51-52	N.C.O. Qtrs.	P	00	1,667 04	7,102 50		9,500 00
		Sub - total	00	10,462 25	27,526 00		42,400 00
9	Barracks	P	00	9,968 69	30,883 00		36,000 00
26	Barracks	P	00	5,615 16	28,826 00		34,000 00
53	Barracks	P	00	2,761 50	41,613 10		48,000 00
		Sub - total	00	18,245 35	101,322 10		118,000 00
6	Hosp. Stwd's Qtrs.	P	00	Unknown	3,185 00		4,850 00
40	Hospital	P	00	5,174 10	22,872 25		26,000 00
		Sub - total	00	5,174 10	26,057 25		30,850 00
10	Guard House	P	00	Unknown	4,591 00		5,000 00
11	Stables	P	00	159 12	4,597 00		5,000 00
16	Admin. Bldg.	P	00	1,682 06	3,860 82		6,200 00
18	Blacksmith Shop	P	00	390 44	847 67		1,000 00
19	Fire Station	P	00	188 00	1,197 50		1,200 00
20	Coal Shed	P	00	Unknown	6,649 00		2,000 00
37	Ord. Sthse.	P	00	300 32	4,535 00		7,000 00
33	Reservoir	P	00	Unknown	Unknown		15,000 00
41	Reservoir	P	00	Unknown	14,150 00		15,000 00
69	Reservoir	P	00	Unknown	14,150 00		15,000 00
54	Reservoir	P	00	Unknown	23,000 00		24,000 00
46	Boat House	P	00	127 00	1,745 57		2,000 00
57	Mil. Sthse.	P	00	Unknown	4,250 00		6,500 00
		TOTAL					

(C. 4.) (Dept.) Station Fort Greble

(1) BUILD- ING No.	(2) DESIGNATION OF BUILDINGS OR SYSTEMS	(3) BRIEF DESCRIPTION OF IMPORTANT REPAIR WORK ACCOMPLISHED DURING THE FISCAL YEAR, COSTING \$100 OR MORE	(4) REPAIR EXPENDITURES FOR THE PRESENT FISCAL YEAR	(5) TOTAL REPAIR EXPENDITURES FROM THE DATE THE BUILD- ING OR SYSTEM WAS CONSTRUCTED TO JUNE 30, PRESENT FISCAL YEAR	(6) TOTAL ORIGINAL COST, NOT INCLUDING REPAIRS, TO JUNE 30, PRESENT FISCAL YEAR	(7) COST OF NEW CON- STRUCTION (INCLUDING ALTERATIONS AND ADDITIONS BUT NOT REPAIRS) DURING THE PRESENT FISCAL YEAR	(8) REPLACEMENT VALUE JUNE 30, 19..... PRESENT FISCAL YEAR
54-A	Flag Staff	P	\$ 00	\$ Unknown	\$ Unknown		\$ 80 00
55	Flag Staff	P	00	Unknown	Unknown		80 00
412	Sthse. & Car. Shop	P	00	Unknown	1,500 00		1,700 00
		Sub - total	00	2,846 94	84,893 56		113,760 00
82	Wharf	P	00	Unknown	Unknown		12,000 00
44	Wharf	P	00	Unknown	Unknown		8,000 00
		Sub - total	00	Unknown	Unknown		20,000 00
31	Water Pumping Plant	P	834 82	2,093 38	6,264 00		15,000 00
		Sub - total	834 82	2,093 38	6,264 00		15,000 00
	Water and Sewer System		00	Unknown	Unknown		16,000 00
	Street Lighting System		00	Unknown	Unknown		4,780 00
	Electric Transmission and Distribution System		00	181 48	Unknown		10,400 00
	Roads		00	Unknown	Unknown		10,000 00
	Walks		00	Unknown	Unknown		6,000 00
	Storm Water DRAINAGE		00	Unknown	Unknown		4,000 00
	Care and Improvement of Grounds		00	540 00	50,055 20		9,000 00
		Sub - total	00	521 48	50,055 20		60,180 00
TOTAL			\$ 834 82	\$ 72,243 48	\$ 375,113 76		\$ 506,190 00