Archaeological Services
University of Durham

Selby Community Project, Selby, North Yorkshire

geophysical and building surveys

for
Faber Maunsell

on behalf of
Selby District Council

Report 2174
April 2009

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Archaeological Services Durham University

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Faber Maunsell

5th Floor, 2 City Walk, Leeds LS11 9AR

for

Selby District Council

Civic Centre, Portholme Road, Selby, North Yorkshire YO8 4SB

Contents

1. Summary

The project

1.1 This report presents the results of both geophysical and building surveys conducted in advance of proposed development at Selby War Memorial Hospital.

1.2 The works were commissioned by Faber Maunsell on behalf of Selby District Council and conducted by Archaeological Services Durham University.

Results

1.3 No geomagnetic evidence was detected for the circular cropmarked feature recorded on an aerial photograph of 1954 and included in the DBA report. No features of likely archaeological significance were identified in the geophysical survey. Probable land drains were identified in the south-eastern part of the site.

1.4 Few features of historic or architectural interest were identified during the building recording, with the exception of a number of inscriptions and panels, which will be moved to the new hospital, and two back-to-back fireplaces.

Recommendations

1.5 No further geophysical survey or building recording is recommended in connection with the proposed Selby Community Project.

2. Project background

Location (Figure 1)

2.1 The study area for the Selby Community Project was located at Selby War Memorial Hospital, off Doncaster Road approximately 1km to the south of Selby town centre in North Yorkshire (NGR centre: SE 60749 31567). The site comprised a green field of about 1ha in the north, over which geophysical survey was conducted, and the existing hospital complex in the south, where the buildings have been recorded.

Development proposal

2.2 The Selby Community Project comprises proposals for the development of a new hospital and community building.

Objective

2.3 The principal aim of the surveys was to assess the nature and extent of any sub-surface features of potential archaeological significance within the field to the north, and of any features of historic or architectural significance in the standing buildings to the south, so that an informed decision may be made regarding the nature and scope of any further scheme of archaeological works that may be required in advance of development.

Methods statement

2.4 The surveys have been undertaken in accordance with instructions from Faber Maunsell, advised by North Yorkshire County Council. The geophysical survey was conducted in accordance with a supplied Written Scheme of Investigation for an Archaeological Geophysical Survey (Appendix, this report) and national standards and guidelines (Para. 5.1, this report), and the building recording in accordance with English Heritage 'Level 2' survey requirements (English Heritage 2006).

Dates

2.5 The geophysical survey was undertaken on 7th April and the building survey on 15th April 2009. This report was prepared between 8th and 29th April 2009.

Personnel

2.6 The geophysical survey was conducted by Matt Claydon and Edward Davies (Supervisor). The building survey was managed and conducted by Richard Annis with Andy Platell. This report was prepared by Richard Annis and Duncan Hale, the Project Manager, with illustrations by Janine Watson.

Archive/OASIS

2.7 Our site code is **SCH09**, for **S**elby **C**ommunity **H**ospital 20**09**. The survey data archive will be deposited with the Archaeology Data Service. Archaeological Services is registered with the **O**nline **A**cces**S** to the **I**ndex of archaeological investigation**S** project (OASIS). The OASIS ID number for this project is **archaeol3-58782**.

Acknowledgements

2.8 Archaeological Services is grateful for the assistance of hospital staff and patients in facilitating this scheme of works.

3. Archaeological and historical background

3.1 An archaeological desk-based assessment (DBA) was undertaken for the proposed development (Faber Maunsell 2009). Seventeen sites were identified within 500m of the site boundary, including four listed buildings. One site was located within the site boundary, that of the current Selby War Memorial Hospital (Faber Maunsell 2009).

3.2 The results of the assessment indicated that the area contains potential for the discovery of previously unrecorded archaeological sites. In particular, sites of later prehistoric date are anticipated given the evidence of sites of these dates within the wider area. Remains of other dates cannot be discounted (Faber Maunsell 2009).

3.3 The town of Selby has had a hospital since 1875, when the Dispensary was established with £2000 left for the purpose by Mrs Jane Brooke of Brayton. In 1889 another Dispensary was founded by the town's MP, William Liversidge, to support the poor. After the creation of the National Health Service, the funds that supported the Liversidge Dispensary became the Liversidge Charity, which still provides medical aid to townspeople today. In 1901 the Selby Cottage Hospital was established near the centre of the town, and this was joined at its New Lane site by the Brooke Dispensary. The Cottage Hospital was supported by weekly subscriptions from working people, and by bequests; one of the larger of these came from Miss Mary Standering, who built a ward in memory of her brother and sister in 1907.

3.4 After the First World War, the town grew and it became apparent that the Cottage Hospital was inadequate for the needs of the larger population. The question of a memorial to the dead of the Great War had been a subject of some discussion, and in 1920 it was proposed that a new War Memorial Hospital should be built. Funds were raised by public subscription over the next six and more years. A plot of land on the Doncaster Road was purchased for £2000, and the foundation stone was laid by Princess Mary in August 1926. The architect was Leslie Moore of Messrs Temple Moore & Moore of London. Moore's work included Gothic buildings, including Pusey House at St Cross College, Oxford, and St Wilfred's Church, Harrogate, and designs in the Arts and Crafts style as well. The design of the War Memorial Hospital reflects its function, current ideas about the need for quiet, light and cleanliness in hospital buildings, and the financial background of the project. The Hospital was formally opened by Viscount Lascelles, husband of Princess Mary, in October 1927. However, fundraising work was not complete; a history prepared by the Friends of the Hospital reproduces a programme from the formal opening, which states that £3000 was still required (1927 Committee 2002, 6).

4. Landuse, topography and geology

4.1 At the time of survey the proposed development area comprised one grassed field in the north and the existing hospital complex in the south.

4.2 The area was predominantly level with a mean elevation of about 4m OD.

4.3 The underlying solid geology of the area comprises Late Permian strata of the Sherwood Sandstone Group, which are overlain by Devensian glaciolacustrine sand and gravel deposits.

5. Geophysical survey (Figures 3-6)

Standards

5.1 The surveys and reporting were conducted in accordance with English Heritage guidelines, *Geophysical survey in archaeological field evaluation, 2nd edition* (David, Linford & Linford 2008); the Institute for Archaeologists Technical Paper No.6, *The use of geophysical techniques in archaeological evaluations* (Gaffney, Gater & Ovenden 2002); and the Archaeology Data Service *Geophysical Data in Archaeology: A Guide to Good Practice* (Schmidt 2002).

Technique selection

5.2 Geophysical survey enables the relatively rapid and non-invasive identification of sub-surface features of potential archaeological significance and can involve a suite of complementary techniques such as magnetometry, earth electrical resistance, ground-penetrating radar, electromagnetic survey and topsoil magnetic susceptibility survey. Some techniques are more suitable than others in particular situations, depending on site-specific factors including the nature of likely targets; depth of likely targets; ground conditions; proximity of buildings, fences or services and the local geology and drift.

5.3 In this instance, based on an earlier assessment of the area (Faber Maunsell 2009), it was considered possible that cut features such as ditches and pits might be present on the site, and that other types of feature such as trackways, wall foundations and fired structures (for example kilns and hearths) could also be present.

5.4 Given the anticipated shallowness of targets and the non-igneous geological environment of the study area a geomagnetic technique, fluxgate gradiometry, was considered appropriate for detecting the types of feature mentioned above. This technique involves the use of hand-held magnetometers to detect and record anomalies in the vertical component of the Earth's magnetic field caused by variations in soil magnetic susceptibility or permanent magnetisation; such anomalies can reflect archaeological features.

Field methods

5.5 A 30m grid was established across the survey area and tied-in to known, mapped Ordnance Survey points using a Trimble Pathfinder Pro XRS global positioning system (GPS) with real-time correction.

5.6 Measurements of vertical geomagnetic field gradient were determined using a Bartington Grad601-2 dual fluxgate gradiometer. A zig-zag traverse scheme was employed and data were logged in 30m grid units. The instrument sensitivity was set to 0.1nT, the sample interval to 0.25m and the traverse interval to 1.0m, thus providing 3600 sample measurements per 30m grid unit.

5.7 Data were downloaded on site into a laptop computer for initial processing and storage and subsequently transferred to a desktop computer for processing, interpretation and archiving.

Data processing

5.8 Geoplot v.3 software was used to process the geophysical data and to produce both a continuous tone greyscale image and a trace plot of the raw (unfiltered) data. The greyscale image and interpretations are presented in Figures 3-5; the trace plot is provided in Figure 6. In the greyscale image, positive magnetic anomalies are displayed as dark grey and negative magnetic anomalies as light grey. A palette bar relates the greyscale intensities to anomaly values in nanoTesla.

5.9 The following basic processing functions have been applied to the data:

clip	clips, or limits data to specified maximum or minimum values; to eliminate large noise spikes; also generally makes statistical calculations more realistic.
zero mean traverse	sets the background mean of each traverse within a grid to zero; for removing striping effects in the traverse direction and removing grid edge discontinuities.
interpolate	increases the number of data points in a survey to match sample and traverse intervals. In this instance the data have been interpolated to 0.25 x 0.25m intervals.

Interpretation: anomaly types

5.10 A colour-coded geophysical interpretation plan is provided. Two types of geomagnetic anomaly have been distinguished in the data:

positive magnetic	regions of anomalously high or positive magnetic field gradient, which may be associated with high magnetic susceptibility soil-filled structures such as pits and ditches.
dipolar magnetic	paired positive-negative magnetic anomalies, which typically reflect ferrous or fired materials (including fences and service pipes) and/or fired structures such as kilns or hearths.

Interpretation: features

5.11 A colour-coded archaeological interpretation plan is provided.

5.12 Several linear positive magnetic anomalies have been detected in the survey. These typically reflect relatively high magnetic susceptibility materials, which

can often be sediments in cut archaeological features (such as furrows, ditches or pits) whose magnetic susceptibility has been enhanced by decomposed organic matter or by burning.

5.13 The four parallel anomalies in the south-eastern corner of the field could possibly reflect the truncated remains of furrows from a former ridge and furrow cultivation regime, however, due to their straight and narrow form they are considered more likely to reflect land drains in this instance, possibly associated with the relatively boggy ground in this part of the field.

5.14 Positive magnetic anomalies along the northern edge of the survey area may reflect former headlands or more recent local variations in land-use there.

5.15 Two further possible positive magnetic anomalies have been tentatively identified in the east-central part of the survey. It is possible that these could reflect the remains of soil-filled features of archaeological origin, though of limited extent.

5.16 Small, discrete dipolar magnetic anomalies have been detected throughout the survey area, particularly near the field boundaries. These almost certainly reflect items of near-surface ferrous and/or fired debris, such as horseshoes and brick fragments, and in most cases are likely to be of little or no archaeological significance. A sample of these is shown on the geophysical interpretation plan, however, they have been omitted from the archaeological interpretation plan.

6. The buildings (Figures 7-28)

The main 1926-27 block

6.1 The original War Memorial Hospital is a two-storeyed building with lower extensions (Figure 7). The main part of the building is an east-west block with wings that project south-west and south-east at either end (Figures 9 & 11). Each of these has a series of rooms facing south, connected by a corridor running along the north side (Figure 15). Another wing projects north-eastwards at the east end. All of this is made of rendered brick; the upper storey is entirely contained in a mansard roof covered with grey slate (Figure 10). In the angle between the two east wings is the main entrance, which has a porch flanked by Tuscan columns (Figure 13).

Wings and wards

6.2 At the north-west angle of the central range there is a single-storeyed wing that consists of several intersecting square rooms; this was formerly an operating theatre, and is now used as the X-ray department. Another single-storeyed wing in the north side of the central range houses workshops and the boiler house (Figure 14). All of these wings have flat roofs.

6.3 At the east end of the main block there are two single-storeyed flat-roofed rooms that project at 45° from the ends of the range (Figure 12). These were most recently in use as male and female rehabilitation wards, and together they form Abbey Ward (Figure 16). There is a separate free-standing bath and

lavatory block attached to each ward. Today, the outer end forms a day room, but old photographs show that at least one of these was originally an open verandah, with columns like those that flank the main entrance. In the corresponding position at the west end of the main block there is only one projecting ward. It is identical in plan to the buildings of Abbey Ward, and is now used for Occupational Therapy. An inscription inside (Figure 26) states that this is the Children's Ward erected in 1933 in memory of Dr George Todd, a very popular local figure who had been Chief Medical Officer at the Cottage Hospital and Senior Doctor at the War Memorial Hospital. A public subscription at the time of his death in 1929 raised money for this ward, and the Friends' history records that three private wards were built at the same time (1927 Committee 2002, 7). These are the two rooms of Abbey Ward, and a fourth that was replaced by the 1973 Castle Ward. The children's ward became the Bridge Day Ward in 1981, before being taken over by OT in 1986.

6.4 The building contains few features of any historic significance; the interior is clean and utilitarian (Figure 18). A number of changes of use have occurred over the years; the south end of what is now the workshop was once the Hospital's kitchen, and what is now the waiting area was the dining room. No evidence of these alterations survives.

6.5 There is an open well stair with a simple banister at the middle of the main block (Figure 22). The first floor was used as accommodation for the Matron and nursing staff at different times, and for storage. There are few features of historic significance in the building, but there are two fireplaces back-to-back on the same flue at the west end of the building (Figures 20, 21). The north end of the Minor Injuries wing has a large room now used for seminars (Figure 19); here there are two wooden panels bearing the names of those who left money to the Hospital and its predecessors, between 1872 and 1952 (Figure 27). Another relic of the building's early days stands beside the entrance to the hospital site; this is the original iron gate arch, made by Bob and Ted Moate in 1927 (Figure 28).

Inscriptions

6.6 A number of inscriptions remain in the building. Arrangements have been made to move these, and a number of memorial plants and garden features, to the proposed new building.

6.7 The foundation stone is a fine-grained yellow-grey limestone block (Figure 23). It is kept standing on its end in the workshop, and has suffered from damp, which has left a line of efflorescence at the left-hand side of the panel. The inscription reads 'This stone was laid by / Her Royal Highness / Princess Mary / Viscountess Lascelles / on the 20th of August 1926'.

6.8 In the foyer, beside the reception desk, is the 1927 dedication stone (Figure 24), which reads 'This hospital was erected / to the memory of / the glorious dead / who fell in the Great War / 1914 1918'.

6.9 In the male room of Abbey Ward is a brass plate that was moved here from the old Cottage Hospital (Figure 25). This reads 'The Standering Memorial Ward / was erected and endowed by / Miss Mary Standering / in memory of her brother and sister, the late / William Standering Esquire / and / Miss Elizabeth Standering / AD 1907'.

6.10 A simple grey stone slab in the OT department reads 'Dr Todd Memorial Ward / for children / erected by public subscription / 1933' (Figure 26).

6.11 Two arched wooden panels list bequests to the town's hospitals (Figure 27). These are both headed 'Selby and District War Memorial Hospital / and Brooke Dispensary / Bequests'.

Later buildings

6.12 Inpatients are now accommodated in Castle Ward, opened in 1973, which is at the south-west corner of the site (Figure 7). North of this is the new kitchen and dining room (1993), and a small free-standing mortuary and store. North-east of Abbey Ward is the Physiotherapy block, and to the east is a large Outpatients department in a building that dates from after 1989. These are all single-storeyed buildings with (apart from Physiotherapy) pitched roofs.

7. Conclusions

7.1 A programme of building recording was undertaken at the Selby & District War Memorial Hospital and a geophysical survey was undertaken on land to its immediate north, in advance of the proposed Selby Community Project.

7.2 No geomagnetic evidence was detected for the circular cropmarked feature recorded on an aerial photograph of 1954 and included in the DBA report. No features of likely archaeological significance were identified in the geophysical survey. Probable land drains were identified in the south-eastern part of the site.

7.3 Few features of historic or architectural interest were identified during the building recording, with the exception of a number of inscriptions and panels, which will be moved to the new hospital, and two back-to-back fireplaces.

7.4 No further geophysical survey or building recording is recommended in connection with the proposed Selby Community Project.

8. Sources

1927 Committee 2002 *1927-2002: Your Hospital!*, 1927 Committee of the Friends of Selby War Memorial Hospital, Selby

David, A, Linford, N, & Linford, P, 2008 *Geophysical Survey in Archaeological Field Evaluation, 2nd edition*. English Heritage

English Heritage 2006 *Understanding Historic Buildings – a guide to good recording practice*. English Heritage

Faber Maunsell 2009 Selby Community Project: Archaeological Desk-based Assessment. Unpublished report for Selby District Council.

Gaffney, C, Gater, J, & Ovenden, S, 2002 *The use of geophysical techniques in archaeological evaluations*. Technical Paper **6**, Institute of Field Archaeologists

Schmidt, A, 2002 *Geophysical Data in Archaeology: A Guide to Good Practice*. Archaeology Data Service, Arts and Humanities Data Service

Appendix: Specification for geophysical survey (Faber Maunsell/AECOM)

Proposed Development at Selby Memorial Hospital
Written Scheme of Investigation for an Archaeological Geophysical Survey.

Site Location: The site lies in North Yorkshire approximately 1km to the south of Selby town centre and close to the settlement of Brayton.
NGR (centre): SE 60749 31567
Proposal: The Selby Community Project, which will see the development of a new hospital and community building.
Planning ref: Pre-application
Site area: 1.0 hectares approximately
Land use: Hospital, car park area, and a small green field.
Client: Selby District Council

1.0 Site location and description

1.1 The site is located approximately 1km to the south of Selby town centre close to the settlement known as Brayton. It is centred on grid reference SE 60749 31567.

1.2 The geology of the area consists of Bunter Sandstone which includes mainly red but also some grey sandstone (Solid Geology Map, British Geological Survey 1972). The soils in this area are made up of deep stoneless permeable fine sandy soils some with bleached sub surface horizons (Soil Survey of England and Wales 1983). The land within the site boundary comprises buildings, garden shrubs and trees and a field/open grassed area in the north west part of the site.

1.3 The area which requires geophysical survey comprises a field within the hospital grounds and is approximately 1.0 hectares in area.

1.4 The suitability of the area for geophysical survey should be confirmed by the contractor and agreed with Faber Maunsell and North Yorkshire County Council.

2.0 Archaeological and historical background

2.1 An archaeological desk-based assessment has been undertaken for the proposed development. A copy of this report will be provided to the successful tenderer.

2.2 Seventeen sites were identified within 500m of the site boundary, including four listed buildings. One site was located within the site boundary, that of the current Selby War Memorial Hospital.

2.3 The results of this indicate that the area contains potential for the discovery of previously unrecorded archaeological sites. In particular, sites of later prehistoric date are anticipated given the evidence of sites of these dates within the wider area. Remains of other dates cannot be discounted.

3.0 Requirement for work

3.1 The geophysical survey is required to examine the potential of the area for archaeological features. This information will be used to inform the requirement for further work. The survey will be undertaken as part of pre-determination evaluation works to accompany a planning application. The geophysical survey is required to minimise the impact of the development upon archaeological features.

3.2 The programme will result in the preparation of a report, which should follow the report outline in the standards and guidance listed in 3.4 below and detailed in Section 7.0.

3.3 In addition to the required project design (see 4.1 below), a list of key personnel must be supplied along with details of their relevant experience in Curriculum Vitae for each member of staff as appropriate. An insurance statement is also required.

3.4 The surveys should be carried out in accordance with the Institute for Archaeologists guidance (IfA) *Standards & Guidance: Field Evaluation* (2008) and *IFA Paper No. 6: The Use of Geophysical Techniques in Archaeological Evaluations* (2002). Guidance from English Heritage guidance *Geophysical Survey in Archaeological Field Evaluation* (2008) should also be followed.

4.0 Methodology

4.1 The contractor will, if the contract is awarded, be required to prepare a project design to be agreed with the County Archaeologist. The project design should include sufficient information to detail the field methodology. The following should also be covered:

- Summary and introduction
- A written statement on the project's overall objectives, strategy and methods
- Field methodology

- Report preparation and contents
- Copyright and publication
- Publication and dissemination proposals
- Timetable
- Staffing and responsibilities (including and sub-contractors and/or specialists)
- Health and safety policy and implementation
- Insurance

4.2 The aim of the geophysical survey is to gather sufficient information to establish the location and extent of any archaeological features within the field area, and, where possible, to characterise the archaeology thus located. The surveys should be undertaken following standard practice to achieve the best results.

4.3 The area to be surveyed comprises the green field are within the north west portion of the site and is approximately 1.0 hectares in area.

4.4 The surveys should be undertaken within a grid independently re-locatable on the ground by a third party, by measuring to a permanent feature.

4.5 A detailed geophysical survey should be undertaken using a fluxgate gradiometer, utilising traverses of 1m with readings taken at intervals of 0.25m within a 20mx20m survey grid. If it becomes evident that discrete features exist on the site, it may be necessary to reduce the traverse width to 0.5m.

4.6 The actual areas of survey, and any features of possible archaeological interest, should be accurately located on a site plan and recorded in a written description sufficient to permit the preparation of a report on the site.

4.7 During fieldwork a record should be made of surface and weather conditions that may have a bearing on subsequent interpretation on field data.

4.8 Should the survey indicate the presence of likely archaeological features, appropriate field work and/or mitigation will be explored to further investigate the anomalies and /or avoid disturbance of significant features by development proposals. Recommendations should be made by the contractor as appropriate.

5.0 Monitoring arrangements

5.1 To ensure that archaeological work required is being carried out in accordance with the agreed project design, and to the satisfaction of the County's Archaeological Officer, monitoring of fieldwork and post-fieldwork analysis may be required.

5.2 The monitors are not liable in any way for the failings of the archaeological contractor and such monitoring is not intended to take the place of proper self-regulation.

6.0 Post-Fieldwork Methodology

6.1 An interim statement of the results and a preliminary plot of geophysical data should be provided as soon as possible upon completion of fieldwork, but no later than one week after completion of survey.

6.2 On completion of the fieldwork, a report should be produced as soon as possible but no later than 4 weeks upon completion of the fieldwork element.

7.0 Report requirements

7.1 Essentially the report must define the location, extent and significance of archaeological remains that may be at the site. The final report should follow the guidance in the standards and guidance listed in paragraph 3.4 above, specifically the 2008 English Heritage guidance on page 9, but is likely to consist of the following sections :-

1) Title page
2) List of contents, figures, tables, etc
3) Non-technical summary
4) Introduction
5) 10 Figure National Grid Reference
6) Archaeological and historical background
7) Aims and Objectives
8) Methodology
9) Results – Supported by a specialist artefact reports, survey location plan (minimum scale 1:2500), a plot of the raw data (minimum scale 1:1000, grey-scale format, and/or X-Y trace format as appropriate), a plot of enhanced data and one or more interpretative plots (minimum scale of 1:1000).
10) Discussion
11) Recommendations

12) Conclusion
13) References to all primary and secondary sources consulted.
14) OASIS reference number
15) Statement of Indemnity

7.2 The survey grid should be independently re-locatable on the ground by a third party, by measuring to a permanent feature. The grid tie-in information should be made available in or with the final report so that the location plan can be related to the OS National Grid.

7.3 The final report on the site should be presented in Word format and any digital images in tiff format and should be produced within four weeks of completion of fieldwork.

7.4 Copies of the final report should be provided to the following:

- Faber Maunsell (hard copy and pdf), including copies for distribution to the client
- North Yorkshire Council Historic Environment Record (hard copy and pdf)
- OASIS (pdf)

7.5 The archiving of any digital data arising from the project should be undertaken in a manner consistent with professional standards and guidance (Richards & Robinson 2000). The archaeological contractor should liaise with an appropriate digital archive repository to establish their detailed requirements and discuss the transfer of the digital archive.

7.6 Copyright in the documentation prepared by the archaeological contractor and specialist sub-contractors should be the subject of additional licences in favour of the repository accepting the archive and North Yorkshire County Council to use such documentation for their statutory educational and museum service functions, and to provide copies to third parties as an incidental to such functions.

7.7 Under the Environmental Information Regulations 2005 (EIR), information submitted to the HER becomes publicly accessible, except where disclosure might lead to environmental damage, and reports cannot be embargoed as 'confidential' or 'commercially sensitive'.

Requests for sensitive information are subject to a public interest test, and if this is met, then the information has to be disclosed. The archaeological contractor should inform the client of EIR requirements, and ensure that any information disclosure issues are resolved before completion of the work. Intellectual property rights are not affected by the EIR.

8.0 Health and Safety, Staffing and Insurance

8.1 Health and safety will take priority over archaeological matters. All archaeologists undertaking fieldwork must comply with all Health and Safety Legislation. All archaeologists or archaeological organisations undertaking the fieldwork should ensure that they, or any proposed sub-contractors, are appropriately qualified and adequately insured to undertake such projects.

8.2 The archaeologist appointed will need to provide a copy of their Health and Safety policy. In addition, a site specific risk assessment should be undertaken.

9.0 Programme

9.1 It is anticipated the survey would be commissioned by the end of March at the latest.

9.2 The fieldwork should take place as soon as possible. Results are required as soon as possible following completion of the survey.

9.3 Submission of the interim report to Faber Maunsell should take place within one week of the completion of fieldwork, with a final report completed within four weeks of the completion of fieldwork.

10.0 Tendering

10.1 In response to this specification, the archaeological contractor shall, if they wish to tender for the contract, submit a quotation for the work as specified above. The quotation should be split into fieldwork costs and reporting costs.

10.2 The contractor should also submit appropriate documentation to support their quotation as they feel necessary to demonstrate their experience and capability to undertake the surveys and confirm that they would be able to meet the programme constraints above.

10.3 Questions on this specification and the tender process should be directed to James Lawton using the contact details below.

10.3 If the contractor wishes to tender for the project a proposal should be returned no later than 23rd March. Tender submissions should be returned to:

James Lawton, Faber Maunsell, 2 City Walk, Leeds LS11 9AR
Tel: 0113 391 6243

Fax: 0113 391 6899
james.lawton@fabermaunsell.com

Archaeological Services
University of Durham

Selby Community Project, Selby, North Yorkshire

geophysical and building surveys

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Figure 1
Study area

on behalf of
Faber Maunsell

location of surveys

0 1km

scale 1:25 000 - for A4 plot

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on behalf of
Faber Maunsell

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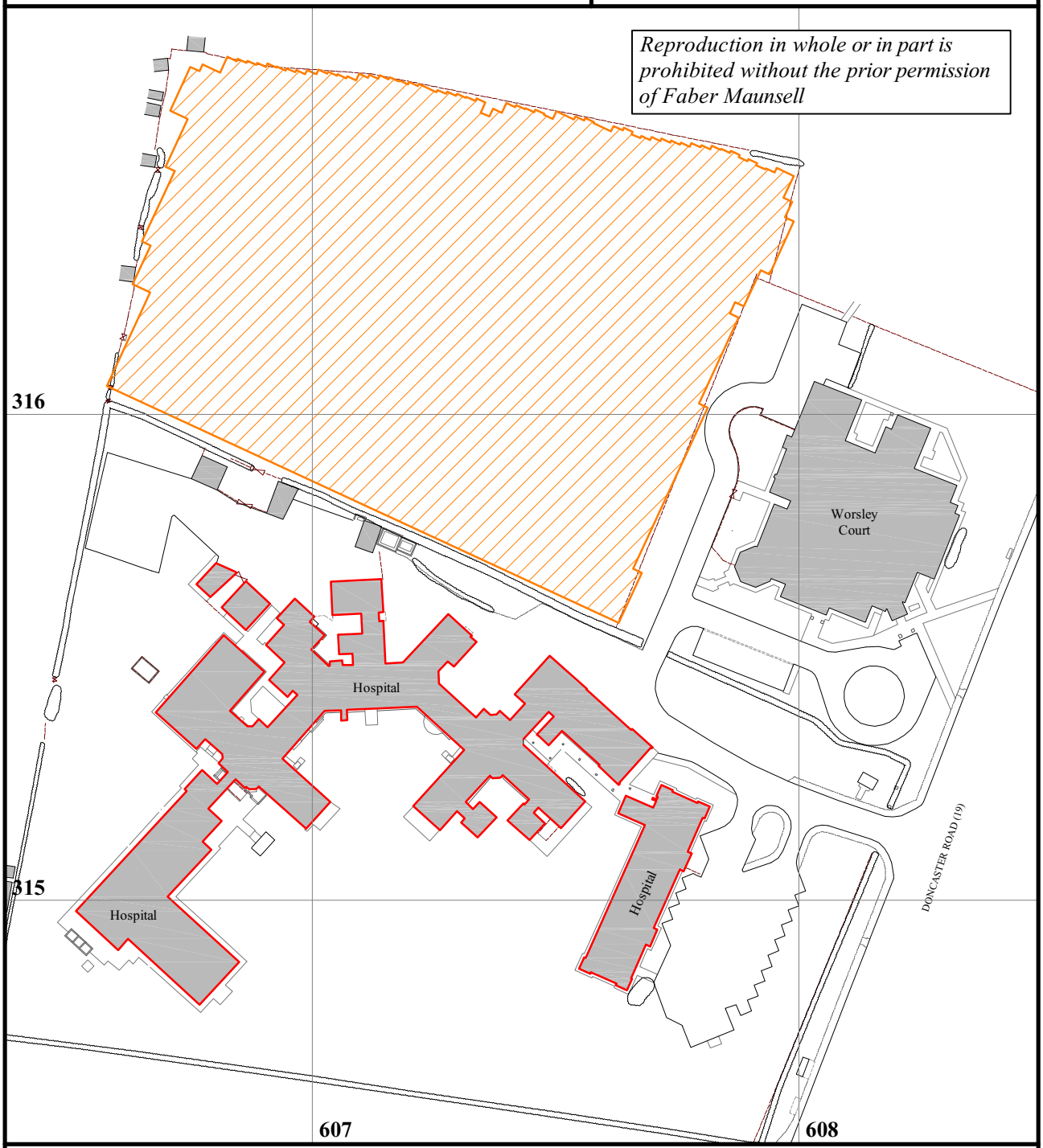
Figure 2
Location of surveys

0 50m
scale 1:1250 - for A4 plot



geophysical survey area

outline of buildings surveyed

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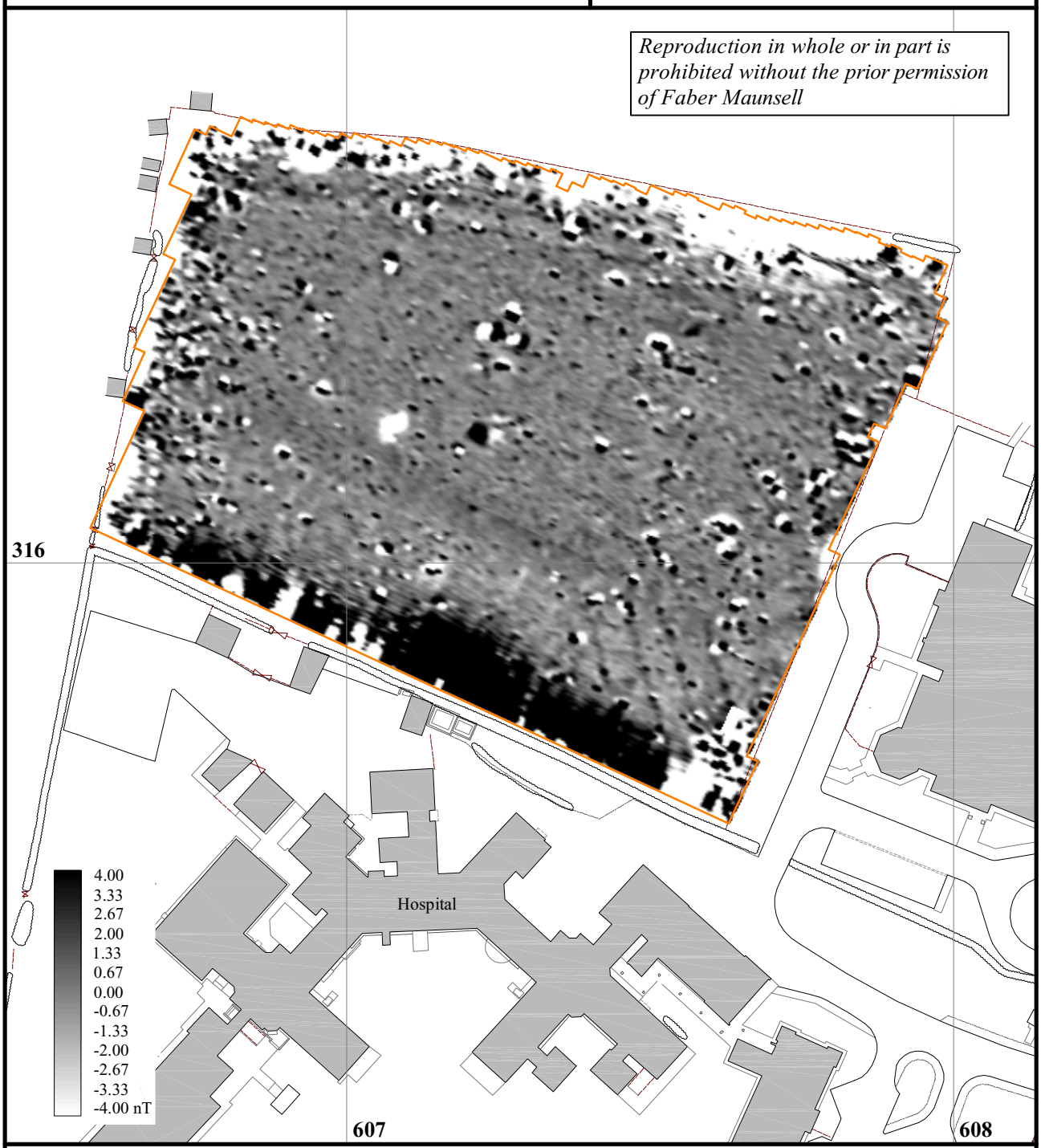
Figure 3
Geophysical survey

0 50m

scale 1:1000 - for A4 plot



outline of survey area

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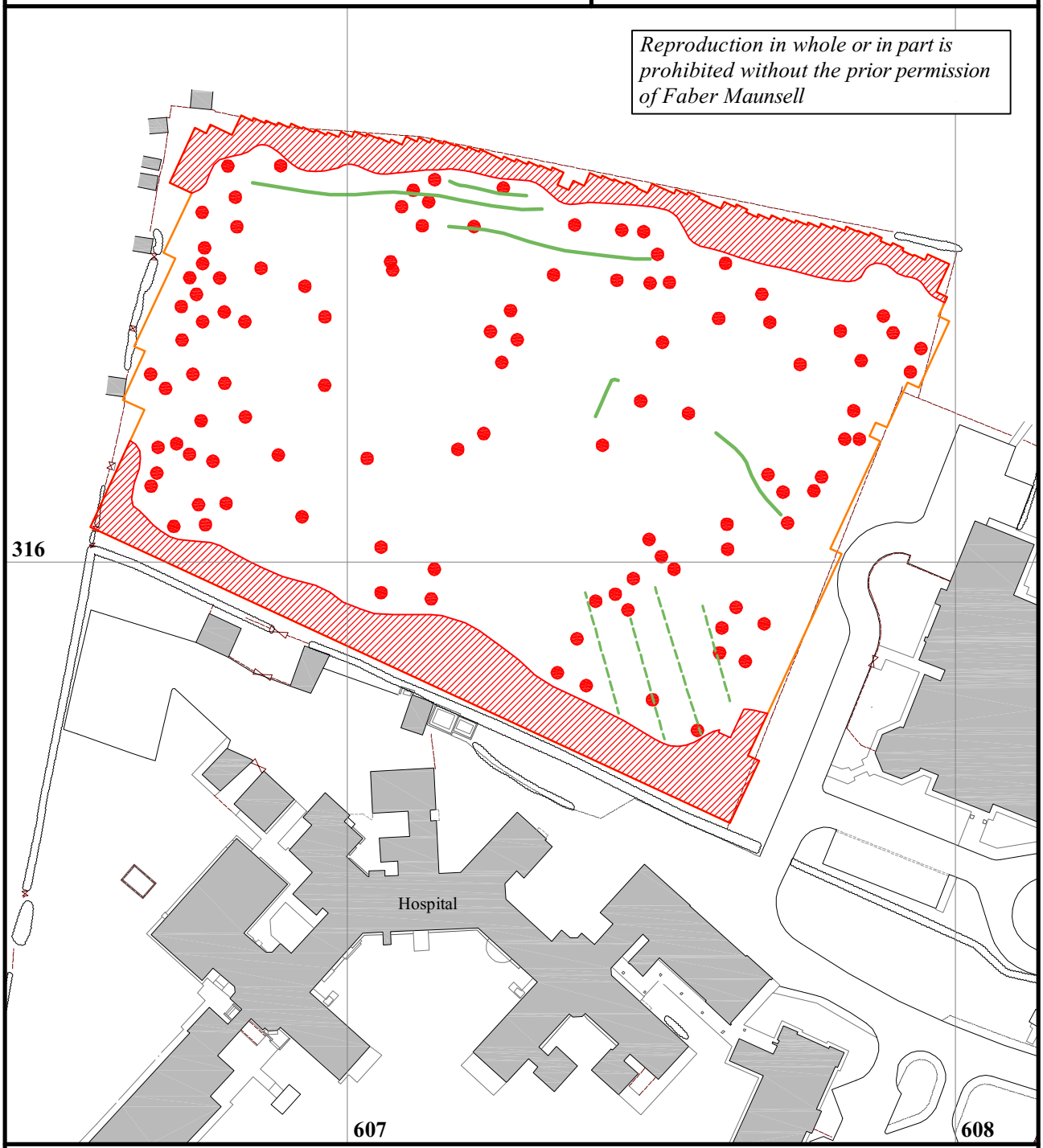
Figure 4
Geophysical interpretation

0 50m

scale 1:1000 - for A4 plot



outline of survey area

dipolar magnetic anomalies

positive magnetic anomalies

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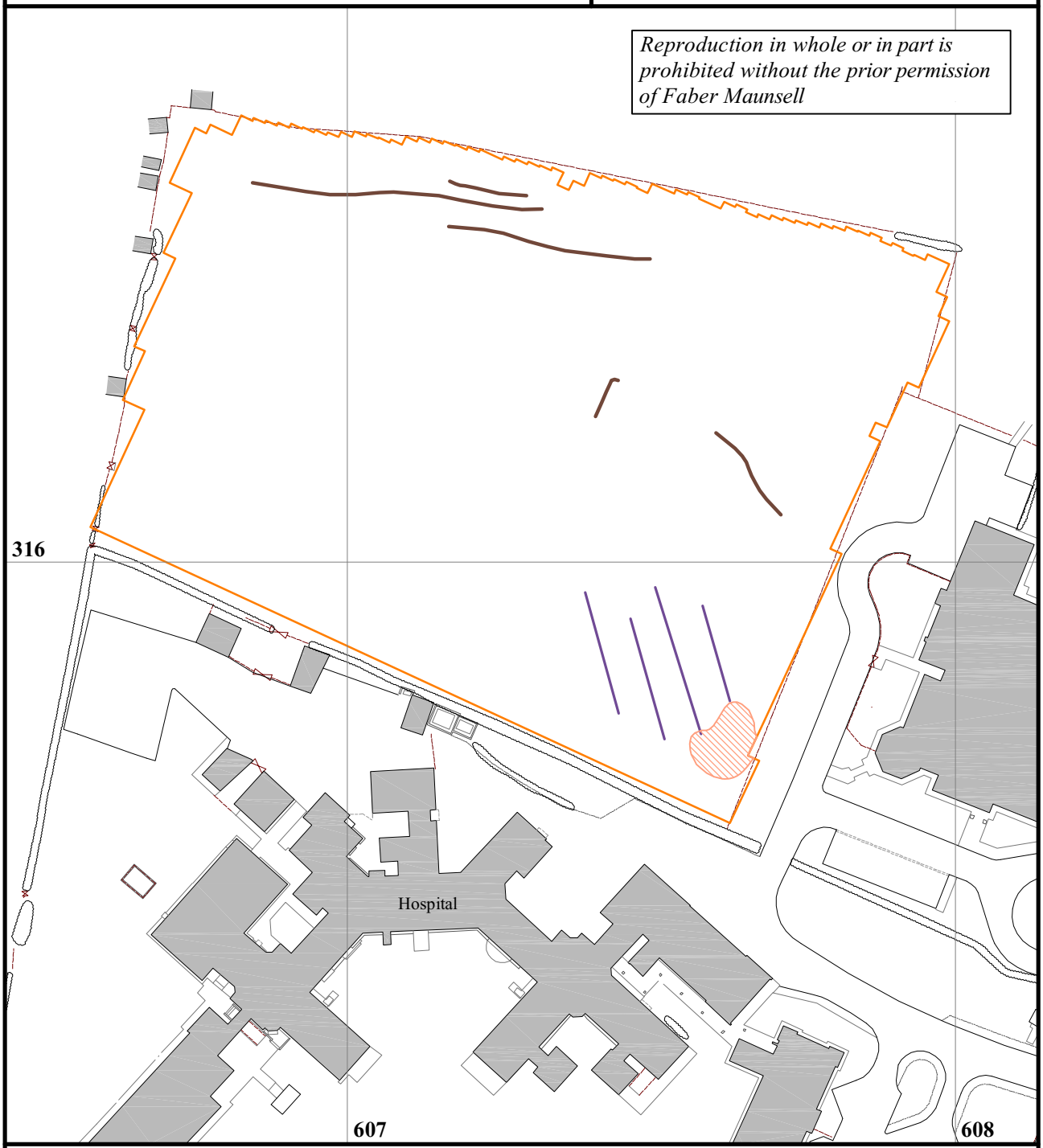
Figure 5
Archaeological interpretation

0 50m

scale 1:1000 - for A4 plot



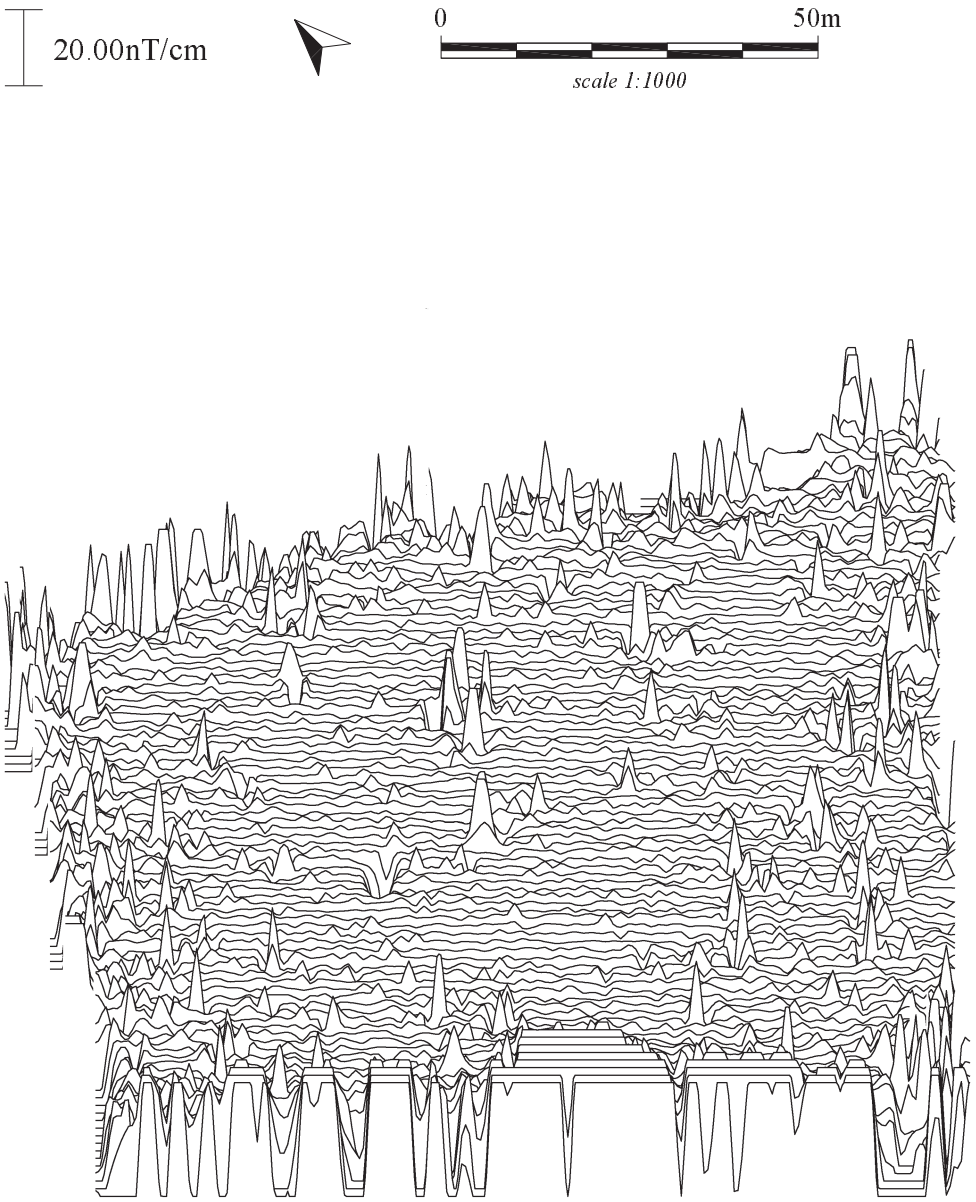
outline of survey area

possible soil-filled features

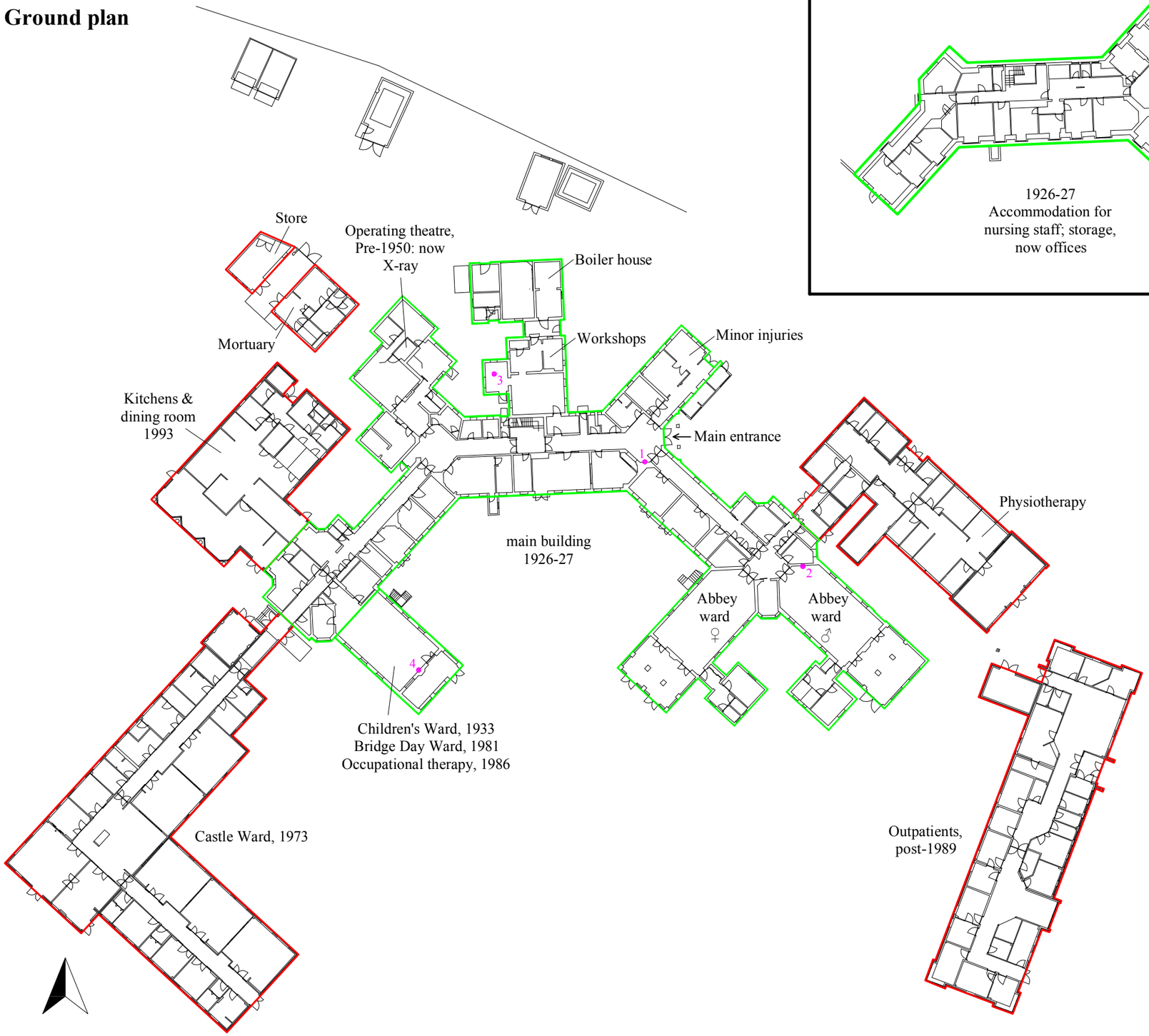
boggy area

probable land drains

Figure 6: Trace plot of geomagnetic data



Ground plan



First floor plan

1926-27
Accommodation for nursing staff; storage, now offices

Archaeological Services
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geophysical and building surveys

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Figure 7

Floor plans

on behalf of
Faber Maunsell

0 25m

scale 1:500 - for A3 plot

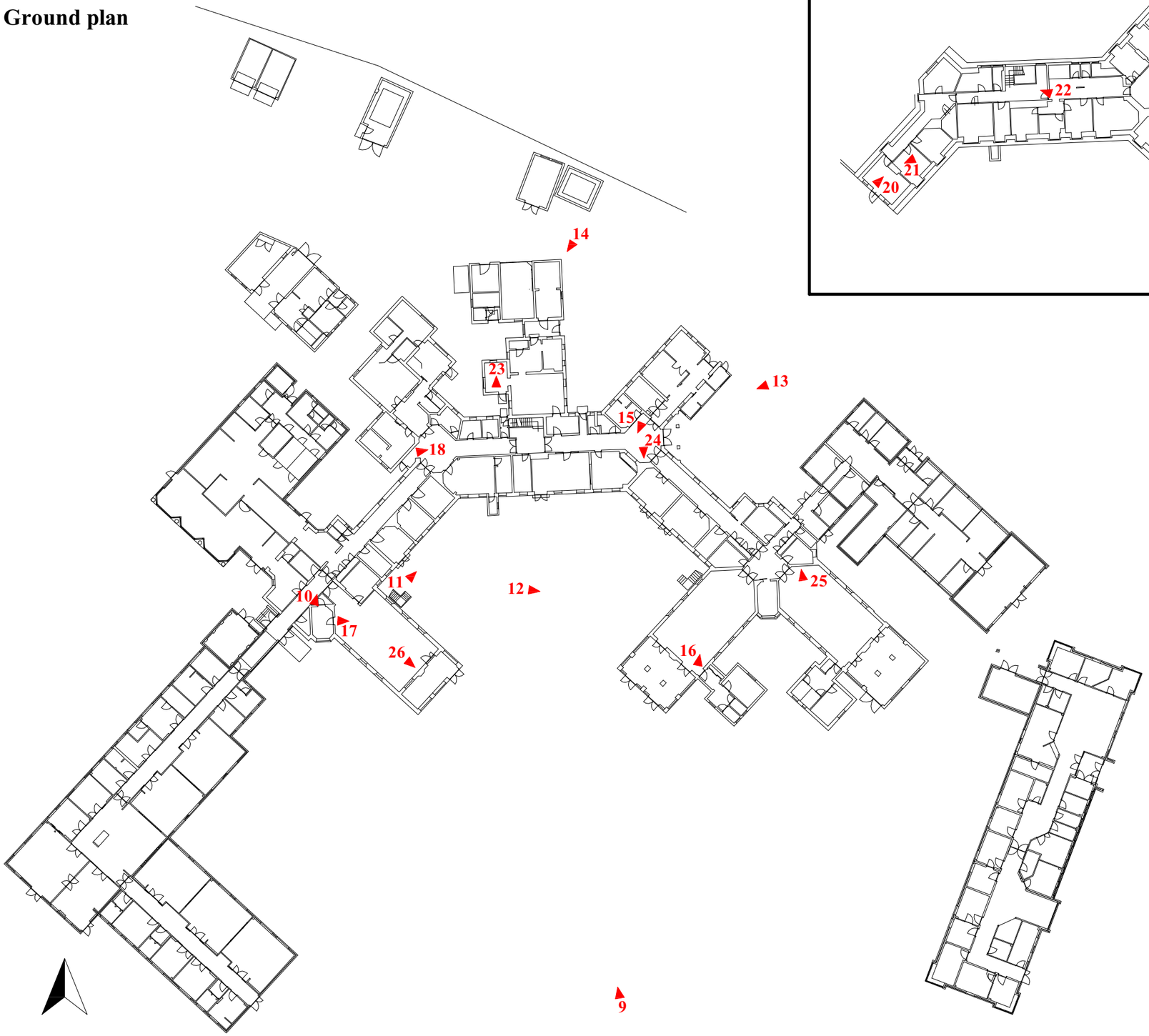
1926-27 building

later additions

dedication stones / plaques / inscriptions

1	Dedication
2	Standering memorial plaque
3	Foundation stone
4	Dr Todd memorial ward
5	(first floor) Bequests

Ground plan



First floor plan

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Figure 8

Locations of photographs

on behalf of
Faber Maunsell

0 25m

scale 1:500 - for A3 plot

◄12 photograph location

Figure 9
General view of the old building, looking north

Figure 10
South-west end of the old building showing roof form and the X-ray department; NE

Figure 11
Central block of the old building, looking east

Figure 12
Central block and Abbey Ward, looking south-east

Figure 13
Main entrance and Minor Injuries unit, looking west

Figure 14
Boiler house and workshop entrance, looking west

Figure 15
Reception and corridor to Abbey Ward, looking south

Figure 16
Abbey ward; the former female rehabilitation ward, looking north-east

Figure 17
Former Children's Ward, now Occupational Therapy Department, looking south-east

Figure 18
Centre block corridor and door to X-ray department, looking east

Figure 19
First-floor seminar room, looking south-west

Figure 20 (left)
Fireplace in first-floor office, looking north-east

Figure 21
Fireplace in first-floor common room, looking west

Figure 22 (below)
Staircase at the middle of the central block, looking west

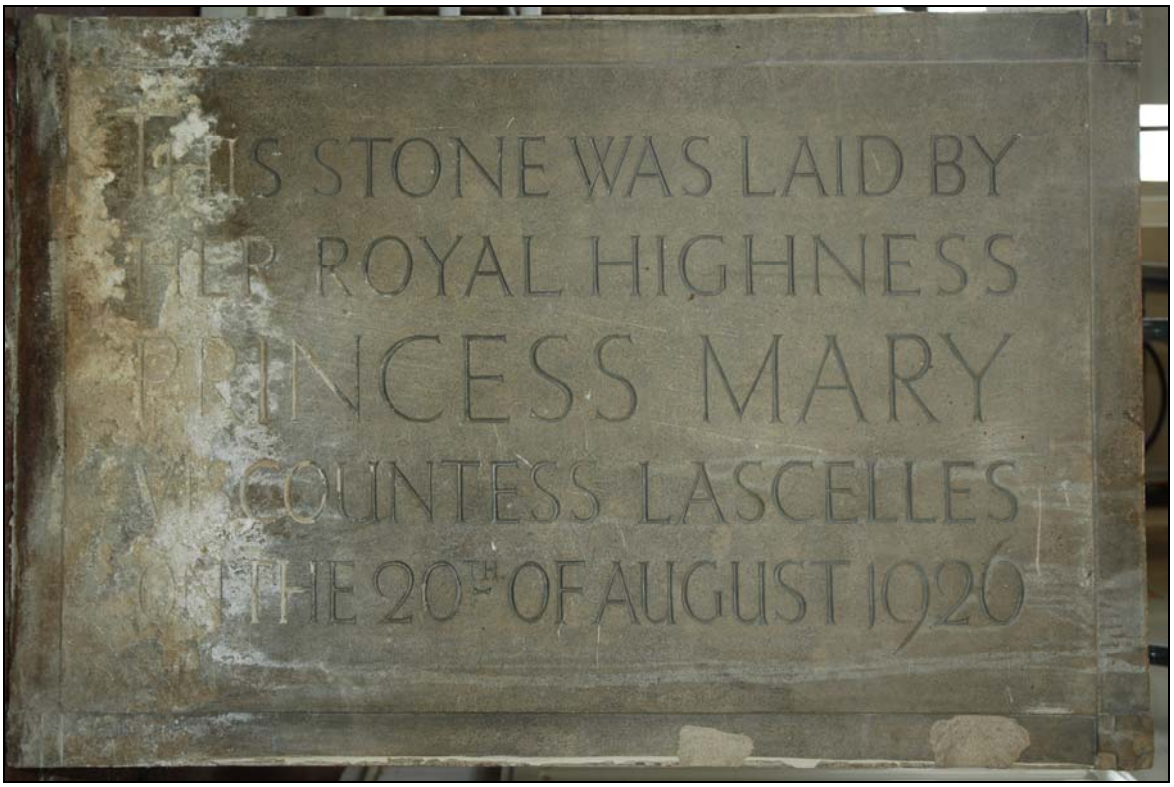

Figure 23
Foundation stone, now in store in the workshops

Figure 24
Dedication stone in the entrance lobby, looking south

Figure 25
Brass plate commemorating the Standering bequest, looking north

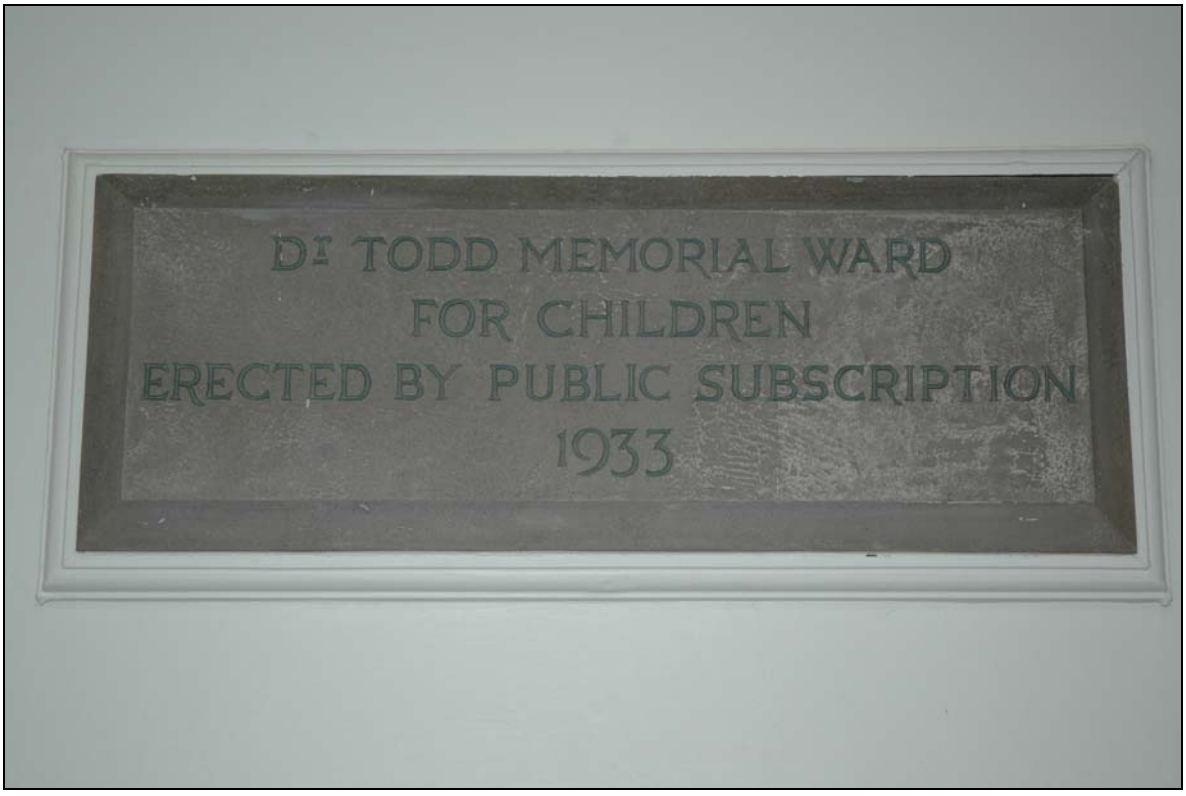

Figure 26
Memorial stone in the former Childrens' Ward, looking south-east

Figure 27
Wooden panels with lists of bequests, looking south-west

Figure 28
Iron sign at the Hospital gate, Doncaster Road, looking west