

NATIONAL REGISTER OF HISTORIC PLACES

MD. HISTORICAL TRUST INVENTORY - NOMINATION FORM

BOX 1704

ANS. BUREAU NO. 2144 Type all entries - complete applicable sections)

STATE:	
COUNTY:	
FOR NPS USE ONLY	
ENTRY NUMBER	DATE

1. NAME

COMMON: Medical Hall farmer's Spring house

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER: Lane enters southeast from Medical Hall Road about

CITY OR TOWN: near Churchville 0.9 mi east of Thomas Pan Road

STATE: Maryland CODE: COUNTY: HARFORD CODE:

3. CLASSIFICATION

CATEGORY (Check One)	OWNERSHIP	STATUS	ACCESSIBLE TO THE PUBLIC
District <input type="checkbox"/> <u>Building</u> <input type="checkbox"/>	Public <input type="checkbox"/>	Occupied <input type="checkbox"/>	Yes: <u>Restricted</u> <input type="checkbox"/>
Site <input type="checkbox"/> Structure <input type="checkbox"/> <u>Private</u> <input type="checkbox"/>	Public Acquisition: <input type="checkbox"/>	<u>Unoccupied</u> <input type="checkbox"/>	Unrestricted <input type="checkbox"/>
Object <input type="checkbox"/>	In Process <input type="checkbox"/>	Preservation work <input type="checkbox"/>	No: <input type="checkbox"/>
	Both <input type="checkbox"/>	in progress <input type="checkbox"/>	
PRESENT USE (Check One or More as Appropriate)			
Agricultural <input type="checkbox"/>	Government <input type="checkbox"/>	Park <input type="checkbox"/>	Transportation <input type="checkbox"/> Comments <input type="checkbox"/>
Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>	Private Residence <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
Educational <input type="checkbox"/>	Military <input type="checkbox"/>	Religious <input type="checkbox"/>	<u>Household Utility</u>
Entertainment <input type="checkbox"/>	Museum <input type="checkbox"/>	Scientific <input type="checkbox"/>	

4. OWNER OF PROPERTY

OWNERS NAME: Miss Anne Hall

STREET AND NUMBER: Medical Hall Road

CITY OR TOWN: Bel Air RFD STATE: Md CODE: 21014

5. LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC:

STREET AND NUMBER: HARFORD COUNTY

CITY OR TOWN: STATE: CODE:

ACREAGE APPROXIMATE ACREAGE OF NOMINATED PROPERTY:

6. REPRESENTATION IN EXISTING SURVEYS

TITLE OF SURVEY:

DATE OF SURVEY: Federal State County Local

DEPOSITORY FOR SURVEY RECORDS:

STREET AND NUMBER:

CITY OR TOWN: STATE: CODE:

STATE:

COUNTY:

FOR NPS USE ONLY

ENTRY NUMBER

DATE

7. DESCRIPTION

CONDITION	(Check One)					
	Excellent <input type="checkbox"/>	Good <input checked="" type="checkbox"/>	Fair <input type="checkbox"/>	Deteriorated <input type="checkbox"/>	Ruins <input type="checkbox"/>	Unexposed <input type="checkbox"/>
INTEGRITY	(Check One)		(Check One)			
	Altered <input type="checkbox"/>	Unaltered <input checked="" type="checkbox"/>	Moved <input type="checkbox"/>	Original Site <input checked="" type="checkbox"/>		

DESCRIBE THE PRESENT AND ORIGINAL (If known) PHYSICAL APPEARANCE

Stone masonry spring house is perched over 3 good springs. A sharply-pitched roof ridge line runs north-south. The building is about 12' x 12'. The door is in the east wall, the stream flows out below the south wall then east and north into Tobacco Run to Deer Creek.

SIGNIFICANCE

PERIOD (Check One or More as Appropriate)

Pre-Columbian 16th Century 18th Century 20th Century
 15th Century 17th Century 19th Century

SPECIFIC DATE(S) (If Applicable and Known)

AREAS OF SIGNIFICANCE (Check One or More as Appropriate)

Aboriginal <input type="checkbox"/>	Education <input type="checkbox"/>	Political <input type="checkbox"/>	Urban Planning <input type="checkbox"/>
Prehistoric <input type="checkbox"/>	Engineering <input type="checkbox"/>	Religion/Philosophy <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
Historic <input type="checkbox"/>	Industry <input type="checkbox"/>	Science <input type="checkbox"/>	_____
Agriculture <input type="checkbox"/>	Invention <input type="checkbox"/>	Sculpture <input type="checkbox"/>	_____
Art <input type="checkbox"/>	Landscape <input type="checkbox"/>	Social/Humanitarian <input type="checkbox"/>	_____
Commerce <input type="checkbox"/>	Architecture <input type="checkbox"/>	Theater <input type="checkbox"/>	_____
Communications <input type="checkbox"/>	Literature <input type="checkbox"/>	Transportation <input type="checkbox"/>	_____
Conservation <input type="checkbox"/>	Military <input type="checkbox"/>		
Architecture <input type="checkbox"/>	Music <input type="checkbox"/>		

STATEMENT OF SIGNIFICANCE (Include Personages, Dates, Events, Etc.)

Household utility - this is the food cooling plant where milk butter and cream were stored in crocks, and kept cool, and this is where churning and skimming were done.

9. MAJOR BIBLIOGRAPHICAL REFERENCES

[Empty space for major bibliographical references]

10. GEOGRAPHICAL DATA

LATITUDE AND LONGITUDE COORDINATES DEFINING A RECTANGLE LOCATING THE PROPERTY			O R	LATITUDE AND LONGITUDE COORDINATES DEFINING THE CENTER POINT OF A PROPERTY OF LESS THAN ONE ACRE		
CORNER	LATITUDE	LONGITUDE		LATITUDE	LONGITUDE	
	Degrees Minutes Seconds	Degrees Minutes Seconds		Degrees Minutes Seconds	Degrees Minutes Seconds	
NW	° ' "	° ' "		° ' "	° ' "	
NE	° ' "	° ' "		° ' "	° ' "	
SE	° ' "	° ' "		° ' "	° ' "	
SW	° ' "	° ' "		° ' "	° ' "	

LIST ALL STATES AND COUNTIES FOR PROPERTIES OVERLAPPING STATE OR COUNTY BOUNDARIES

STATE:	CODE	COUNTY	CODE
STATE:	CODE	COUNTY:	CODE
STATE:	CODE	COUNTY:	CODE
STATE:	CODE	COUNTY:	CODE

11. FORM PREPARED BY

NAME AND TITLE: _____

ORGANIZATION: *U.S. National Park Service* DATE: _____

STREET AND NUMBER: *1000 ...*

CITY OR TOWN: _____ STATE: _____ CODE: _____

12. STATE LIAISON OFFICER CERTIFICATION

As the designated State Liaison Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service. The recommended level of significance of this nomination is:

National State Local

Name _____

Title _____

Date _____

NATIONAL REGISTER VERIFICATION

I hereby certify that this property is included in the National Register.

Chief, Office of Archeology and Historic Preservation

Date _____

ATTEST:

Keeper of The National Register

Date _____



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Medical Hall Tenant house

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