

1308434305

HA 843

N. R. FIELD SHEET

NATIONAL REGISTER OF HISTORIC PLACES

MD. HISTORICAL TRUST INVENTORY - NOMINATION FORM
BOX 1704
ANNAPOLIS, MD. 21404

STATE:	
COUNTY:	
FOR NPS USE ONLY	
ENTRY NUMBER	DATE

(Type all entries - complete applicable sections)

1. NAME

COMMON: Springhouse at Medical Hall

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER: Medical Hall Road, a county road, deadends at Medical Hall

CITY OR TOWN: Fulford about 1.2 mi east of Thomas Run Road.

STATE: Maryland CODE: COUNTY: Harford CODE:

3. CLASSIFICATION

CATEGORY (Check One)	OWNERSHIP	STATUS	ACCESSIBLE TO THE PUBLIC
District <input type="checkbox"/> Building <input checked="" type="checkbox"/>	Public <input type="checkbox"/>	Occupied <input type="checkbox"/>	Yes: <input checked="" type="checkbox"/> Restricted <input type="checkbox"/>
Site <input type="checkbox"/> Structure <input type="checkbox"/> Private <input checked="" type="checkbox"/>	Public Acquisition: <input type="checkbox"/>	Unoccupied <input checked="" type="checkbox"/>	Unrestricted <input type="checkbox"/>
Object <input type="checkbox"/>	Both <input type="checkbox"/>	In Process <input type="checkbox"/>	No: <input type="checkbox"/>
	Being Considered <input type="checkbox"/>	Preservation work 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>Homehold Utility</u>	
Entertainment <input type="checkbox"/>	Museum <input type="checkbox"/>	Scientific <input type="checkbox"/>		

4. OWNER OF PROPERTY

OWNERS NAME: Miss Anne J. Hall

STREET AND NUMBER: Medical Hall Road

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

5. LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC.: CLERK OF THE CIRCUIT COURT

STREET AND NUMBER: HARFORD COUNTY COURTHOUSE 40 S. MAIN

CITY OR TOWN: BEL AIR STATE: MARYLAND 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:

ENTRY NUMBER

DATE

FOR NPS USE ONLY

7. DESCRIPTION

CONDITION	(Check One)				Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Deteriorated <input checked="" type="checkbox"/>	Ruins <input type="checkbox"/>	Unexposed <input type="checkbox"/>	
INTEGRITY	(Check One)				(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 spring house located in the bank about 30' south of Medical Hall, the spring a tributary of Tobacco Run flowing south and southeast.

About 12' x 16', a door opens in the south end wall, two low lowered windows are in the west and east walls, and the north wall holds the bank. The spring flows out beside the door. The roof ridge line runs north-south.

9. 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/Phi- lasophy <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
Historic <input type="checkbox"/>	Industry <input type="checkbox"/>	Science <input type="checkbox"/>	<u>Household</u>
<u>Agriculture</u> <input type="checkbox"/>	Invention <input type="checkbox"/>	Sculpture <input type="checkbox"/>	<u>Utility</u>
Art <input type="checkbox"/>	Landscape <input type="checkbox"/>	Social/Human- itarian <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.)

Shown on an early painting of the property, ~~the~~ spring house is noted on tax records of 1814, and ^{this} appears to be the original springhouse on the old John Archer property. Archaeological evidence sought.

9. MAJOR BIBLIOGRAPHICAL REFERENCES

See HA 3

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:	CDDE	COUNTY	CODE

11. FORM PREPARED BY

NAME AND TITLE: _____

ORGANIZATION: _____ DATE: _____

STREET AND NUMBER: _____

CITY OR TOWN: _____ STATE: _____ CODE: _____

12. STATE LIAISON OFFICER CERTIFICATION

NATIONAL REGISTER VERIFICATION

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 _____

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 _____