



## UPSHUR COUNTY COMMISSIONERS COURT

GILMER, TEXAS

April 18, 1983

Commissioners Court met in Special Session with all members present.

Judge Dean read the minutes of the April 11, 1983 meeting. Motion was made by Paul Davis seconded by J. W. Meadows for the minutes to stand as read. Motion carried.

Motion by Charles Still seconded by Paul Davis to approve a Permit Application by Danny Trimble to place a culvert within the ROW of Silver Maple Road. Motion carried. Copy attached.

Motion by Delmo Lawson seconded by J. W. Meadows to approve a Permit Application to place a culvert within the ROW of Serenity Drive. Motion carried. Motion was then made by Delmo Lawson seconded by Paul Davis to amend his motion to approve the application only if Serenity Drive has been accepted into the County Road system. Motion carried.

Motion by Delmo Lawson seconded by J. W. Meadows to approve a Permit Application by Southwestern Electric Power Co. to place an overhead electric line within the ROW of Old Hwy. 271. Motion carried. Copy attached.

Motion by Charles Still seconded by Delmo Lawson to grant the County Depository to Gilmer National Bank with the contract to be drawn up. Motion carried, with Commissioner Paul Davis and Judge Dean opposing. Commissioner Davis said that he did business with both banks and had nothing against either bank, but that he thought a bid should be received from any bank that was interested in the depository.

Motion by J. W. Meadows seconded by Delmo Lawson to approve payment of the unpaid bills. Motion carried. Copy attached.

Motion by Delmo Lawson seconded by J. W. Meadows to recess until Tues. at 9:00 A.M. Motion carried.

Court reopened at 9:00 A.M. Tues. with all members present.

Motion was made by Paul Davis seconded by J. W. Meadows to allow a Sheriff Deputy and the District Attorney Investigator to attend a seminar, May 16-20 in Austin. Motion carried.

Motion by Charles Still seconded by Delmo Lawson to allow the District Clerk to attend a meeting in Lewisville, Texas April 27. Motion carried.

Motion by Charles Still seconded by Paul Davis to approve a Permit Application by Myrtle M. Story to place a culvert within the ROW of Hickory Road. Motion carried. Copy attached.

Motion by J. W. Meadows seconded by Delmo Lawson to approve the papers for indigent care prepared by the District Attorney and to post the Notice of Availability of Charity Care in the Courthouse, and publish the notice one time in the local newspaper. Motion carried. Copy attached.

Court then recessed until Friday, April 22, 1983.

Court reopened at 9:30 A.M. Friday with all members of the Court present.

Mr. Hugh Campbell met with the Court asking that the American Red Cross Disaster Preparedness And Relief Committee For Upshur County be updated. Motion was made by Paul Davis seconded by Delmo Lawson to appoint the current Commissioners in each precinct to serve on a Sub-Committee for the American Red Cross Disaster Preparedness And Relief Committee For Upshur County. Motion carried.

Judge Dean read a letter of resignation from librarian Mozelle Duncan. Motion was made by Delmo Lawson seconded by J. W. Meadows to accept Ms. Duncan's resignation and place a copy of the letter in the Court minutes. Motion carried. Copy attached.

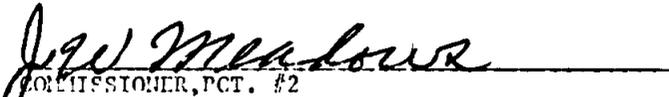
Motion by Delmo Lawson seconded by J. W. Meadows to approve a Permit Application by Tejas Gas Corp. to place a 4 " steel natural gas pipeline within the ROW of Bob White Road. Motion carried. Copy attached.

Motion by Paul Davis seconded by Charles Still to allow the Church of Latter Day Saints of Gilmer to improve the County road from the parking lot of the church to Brooksey Branch. The road is to be used as entrance to the parking lot. Motion carried. Copy attached.

Motion by Paul Davis seconded by J. W. Meadows to adjourn. Motion carried.

  
COUNTY JUDGE

  
COMMISSIONER, PCT. #1

  
COMMISSIONER, PCT. #2

  
COMMISSIONER, PCT. #3

  
COMMISSIONER, PCT. #4

PERMIT APPLICATION FOR  
USE OF UPSHUR COUNTY RIGHT OF WAY

TO: THE UPSHUR COUNTY COMMISSIONERS COURT  
COUNTY OF UPSHUR  
GILMER, TEXAS  
PRECINCT 3  
DATE April 14, 1983

Formal notice is hereby given that Danny Trimble  
whose principal address is Rt. 1 Box 158, Big Sandy, Texas 75755  
does propose to place a culvert installation  
within the ROW of County Road Silver Maple Road  
as follows:

The location and description of the proposed lines or appertenances is more fully shown by three (3) copies of drawings attached to this application.

All work will be as directed by the County Commissioner or his designate in full accordance with Upshur County Road & Bridge Department policies and specifications.

Proposed construction will begin, if approved, on or after \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

NAME: Danny Trimble

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

769-2832

*[Handwritten signature]*  
4-18-83

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PERMIT APPLICATION FOR  
USE OF UPSHUR COUNTY R.O.W.

#1  
Date March 4, 1983

TO: THE UPSHUR COUNTY COMMISSIONERS COURT  
c/o COUNTY OF UPSHUR  
GILMER, TEXAS

Formal notice is hereby given that Southwestern Electric Power Co.  
whose principal address is P. O. Box 2312, Longview, Texas 75606  
does propose to place an overhead electric line  
within the ROW of County road Old Hwy. 271  
as follows:

Beginning at SWEPCO pole number 13912 located approximately 0.1  
mile south of intersection of old Hwy. 271 and US Hwy. 271, thence  
crossing right of way of old Hwy. 271 approximately 90' in length  
as shown on attached drawings.

The location and description of the proposed lines or appurtenances  
is more fully shown by three (3) copies of drawings attached to  
this application.

All work will be as directed by the County Commissioner or his  
designate in full accordance with Upshur County Road & Bridge Depart-  
ment policies and specifications.

Proposed construction will begin, if approved, on or after the

21st day of March 19 83.

Job Order # 670-4262

Firm: Southwestern Electric Power Co.

M. L. Heard

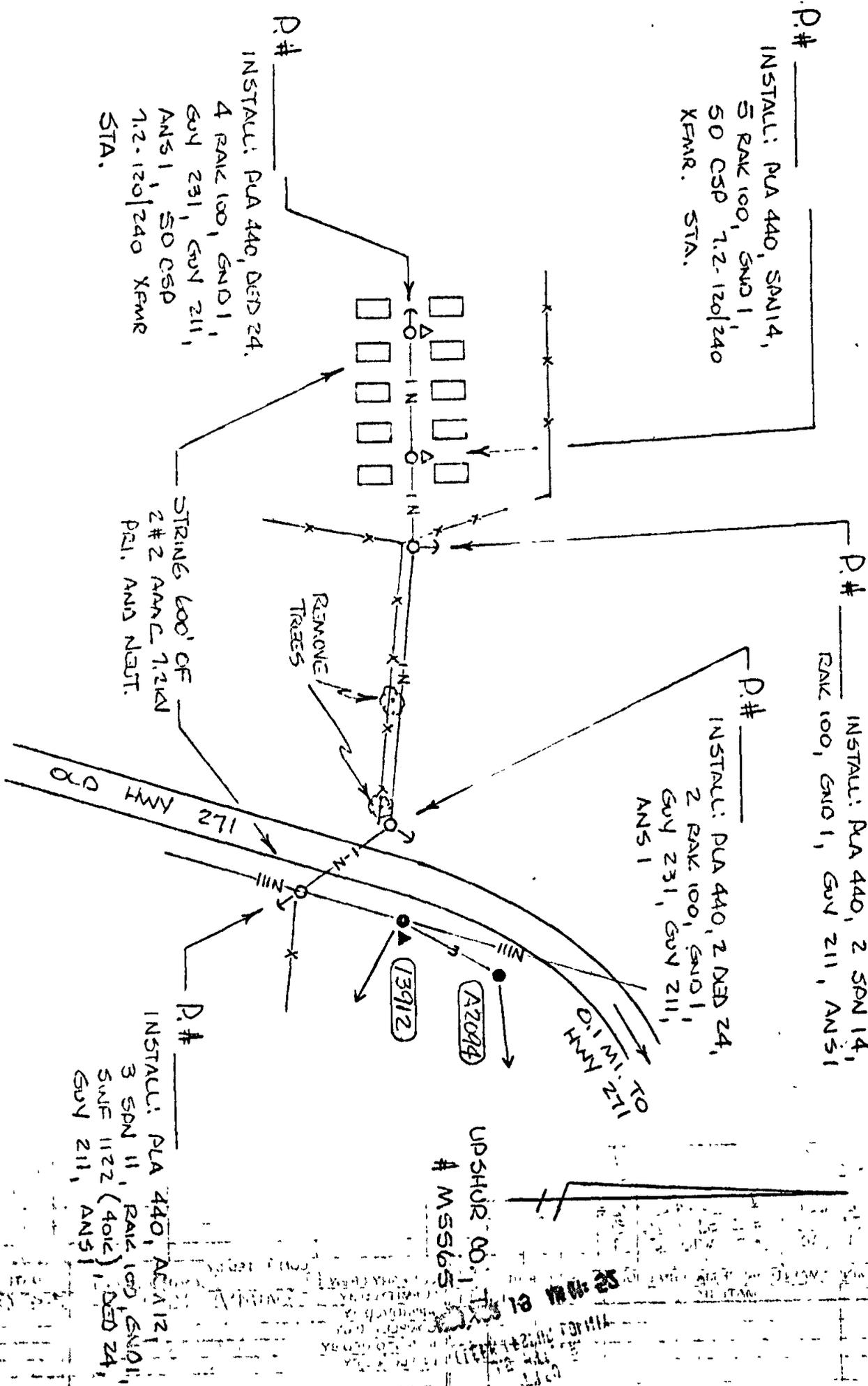
Title: Division Engineering Supt.

Address: P. O. Box 2312

Longview, Texas 75606

*Approved*  
*4-18-83*

NOTE: This form to be submitted in duplicate for each  
proposed installation. 4:11:25



P.#

INSTALL: PLA 440, SPN 14,  
 5 RAK 100, GND 1,  
 50 CSP 7.2-120/240  
 XEMR. STA.

P.#

INSTALL: PLA 440, DED 24,  
 4 RAK 100, GND 1,  
 GUY 231, GUY 211,  
 ANS 1, 50 CSP  
 7.2-120/240 XEMR  
 STA.

P.#

INSTALL: PLA 440, 2 SPN 14,  
 RAK 100, GND 1, GUY 211, ANS 1

P.#

INSTALL: PLA 440, 2 DED 24,  
 2 RAK 100, GND 1,  
 GUY 231, GUY 211,  
 ANS 1

P.#

INSTALL: PLA 440, ANS 12,  
 3 SPN 11, RAK 100, GND 1,  
 5WE 1122 (4012), DED 24,  
 GUY 211, ANS 1

UPSHUR CO. # M5565

13912

A2094

112' W/ 10' MMH

271' MMH 000

REMOVE TREES

STRING 600' OF  
 2# 2 ANNC 7.2KV  
 PZI. AND NADT.

52-1114 81

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PERMIT APPLICATION FOR  
USE OF UPSHUR COUNTY RIGHT OF WAY

TO: THE UPSHUR COUNTY COMMISSIONERS COURT  
COUNTY OF UPSHUR  
GILMER, TEXAS  
PRECINCT 3  
DATE April 18, 1983

Formal notice is hereby given that Myrtle M. Story  
whose principal address is P.O. Box 881, Gladewater, Texas 75647  
does propose to place a culvert installation  
within the ROW of County Road Hickory Road  
as follows:

The location and description of the proposed lines or appertenances is more fully shown by three (3) copies of drawings attached to this application.

All work will be as directed by the County Commissioner or his designate in full accordance with Upshur County Road & Bridge Department policies and specifications.

Proposed construction will begin, if approved, on or after \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

NAME: Frank J. Malone

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

*[Handwritten Signature]*  
4-19-83

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UPSHUR COUNTY, TEXAS

P. O. Box 730 Phone 843-3377

Gilmer, Texas 75644

NOTICE OF AVAILABILITY OF CHARITY CARE

Pursuant to law, Upshur County will make available a reasonable amount of uncompensated health care services to persons eligible under applicable Community Service Administration guidelines. Patient eligibility for charity care is determined by measuring family income against the Income Poverty Guidelines established by the Community Services Administration.

The CSA recently published revised income poverty guidelines effective May 10, 1982 (45 CFR Part 1060.) The new guidelines are included here for ease of reference.

CSA Income Poverty Guidelines for All States Except for Alaska and Hawaii

| SIZE OF FAMILY UNIT* | NON-FARM FAMILY | *FARM FAMILY |
|----------------------|-----------------|--------------|
| 1                    | \$ 4,680.00     | \$ 4,010.00  |
| 2                    | 6,220.00        | 5,310.00     |
| 3                    | 7,760.00        | 6,610.00     |
| 4                    | 9,300.00        | 7,910.00     |
| 5                    | 10,840.00       | 9,210.00     |
| 6                    | 12,380.00       | 10,510.00    |

\*For family units with more than six members, add \$1,540.00 for each additional member in a non-farm family and \$1,300.00 for each additional member in a farm family.

\*A farm residence is defined as any dwelling on a place of 10 acres or more with \$50.00 or more annual sales of farm proceeds raised there; or any place less than 10 acres having product sales of \$250.00 or more.

IF YOU THINK YOU MAY BE ELIGIBLE FOR CHARITY CARE AND WISH TO REQUEST IT, PLEASE CONTACT THE COUNTY TREASURER AT 214/843-3377. A WRITTEN DETERMINATION OF ELIGIBILITY WILL BE MADE WITHIN THREE (3) WORKING DAYS AFTER UPSHUR COUNTY RECEIVES THE REQUEST AND AUTHORIZATION FOR VERIFICATION.

THE REQUEST FOR DETERMINATION OF ELIGIBILITY FOR UNCOMPENSATED HEALTH CARE SERVICES AND AUTHORIZATION FOR VERIFICATION SHALL BE RETURNED TO THE COUNTY TREASURER WITHIN 48 HOURS AFTER THE APPLICANT RECEIVES SUCH APPLICATION AND AUTHORIZATION FORMS. FAILURE TO RETURN BOTH THE REQUEST AND AUTHORIZATION FORMS WITHIN THE 48 HOURS FROM DATE OF RECEIPT SHALL RESULT IN A DENIAL OF UNCOMPENSATED HEALTH CARE SERVICES OF AND FROM UPSHUR COUNTY.

A DETERMINATION OF ELIGIBILITY AND WRITTEN NOTICE THEREOF BY MAIL WILL BE MADE BY UPSHUR COUNTY THROUGH ITS DESIGNATED AGENTS WITHIN 3 DAYS FROM DATE OF RECEIPT OF THE REQUEST FOR ELIGIBILITY.

IN THE EVENT IT IS DETERMINED THAT YOU DO NOT QUALIFY FOR UNCOMPENSATED HEALTH CARE SERVICES HEREIN, YOU HAVE THE RIGHT TO APPEAL THE DECISION OF UPSHUR COUNTY TO AN APPEALS REVIEW BOARD. YOU MUST APPEAL SUCH DENIAL WITHIN 10 DAYS AFTER YOU RECEIVE NOTICE OF AN ADVERSE DECISION DENYING UNCOMPENSATED HEALTH CARE SERVICES, UNLESS GOOD CAUSE CAN BE SHOWN WHY YOU DID NOT APPEAL WITHIN 10 DAYS.

PERSONS ELIGIBLE FOR COUNTY ASSISTANCE MUST BE CITIZENS OF THE UNITED STATES WHO ARE RESIDENTS OF UPSHUR COUNTY, TEXAS.

HEALTH CARE ASSISTANCE FOR THOSE WHO ARE ELIGIBLE SHALL BE HANDLED AS FOLLOWS:

1. Medical care to be furnished by the County Physician, Dr. Jack P. Kirby, 312 Yapaco, Gilmer, Texas, phone number, 843-5604, or under his supervision and recommendation.
2. Hospitalization as needed to be furnished upon the recommendation of the said Dr. Jack P. Kirby.
3. If hospitalization can be arranged for by Dr. Kirby at John Sealy Hospital, M. D. Anderson Hospital, the University of Texas Chest Hospital at Tyler or any other State facility then the patient shall be treated there.
  - a. If one of the above State supported hospitals can not be arranged for, then hospitalization, if any, will be at a facility recommended by the County Physician.
4. Any drugs and/or medicines prescribed by the County Physician which he considers necessary shall be furnished.

APPROVED this the 19th day of April, 1983 by the Upshur County Commissioners Court.

\_\_\_\_\_  
EVERETT DEAN  
COUNTY JUDGE

1983 VOL 18 W. 11: 25

TEXAS ARCHIVE SOCIETY  
1000 WEST 10TH  
DALLAS, TEXAS 75201

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UPSHUR COUNTY, TEXAS

P. O. Box 730 Phone 843-3377

Gilmer, Texas 75644

APPLICATION FOR ELIGIBILITY HEALTH CARE DETERMINATION

AS PROVIDED FOR BY LAW, I HEREBY REQUEST THAT UPSHUR COUNTY MAKE A WRITTEN DETERMINATION OF MY ELIGIBILITY FOR UNCOMPENSATED HEALTH CARE SERVICES. I UNDERSTAND THAT THE INFORMATION WHICH I SUBMIT CONCERNING MY ANNUAL INCOME AND FAMILY SIZE IS SUBJECT TO VERIFICATION BY UPSHUR COUNTY, ACTING THROUGH ITS DULY DESIGNATED AGENTS. I ALSO UNDERSTAND THAT IF THE INFORMATION WHICH I SUBMIT IS DETERMINED TO BE FALSE, SUCH DETERMINATION WILL RESULT IN A DENIAL OF PROVIDING SERVICES AS UNCOMPENSATED HEALTH CARE SERVICES, AND THAT I WILL BE LIABLE FOR CHARGES FOR HEALTH CARE SERVICES. THIS APPLICATION IS MADE UNDER OATH AND AS SUCH IS SUBJECT TO PENALTIES OF THE CRIMINAL LAWS.

\*THIS REQUEST MUST BE RETURNED TO THE COUNTY TREASURER OF UPSHUR COUNTY, TEXAS WITHIN 48 HOURS AFTER THE RECEIPT OF THIS REQUEST. FAILURE TO RETURN THIS REQUEST WITHIN 48 HOURS FROM DATE OF RECEIPT OF SAME, SHALL RESULT IN A DENIAL OF UNCOMPENSATED HEALTH CARE SERVICES OF AND FROM UPSHUR COUNTY, TEXAS.

DATE OF REQUEST: \_\_\_\_\_ TIME: \_\_\_\_\_

1. NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

TELEPHONE NO.: \_\_\_\_\_  
AREA CODE NUMBER

BIRTHDATE: \_\_\_\_\_  
BIRTHPLACE

DRIVER'S LICENSE NO.: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

2. EMPLOYMENT INFORMATION:

APPLICANT'S EMPLOYER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ NO. YEARS WORKED THERE: \_\_\_\_\_

GROSS INCOME: \_\_\_\_\_

3. SPOUSE'S EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ NO. YEARS WORKED THERE: \_\_\_\_\_

GROSS INCOME: \_\_\_\_\_

1963 NOV 15 10 11 AM '63  
LWLC

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4. INCOME: LIST INCOME FOR FAMILY FROM:

|                                      | <u>TOTAL FOR LAST<br/>THREE MONTHS</u> | <u>TOTAL FOR LAST<br/>TWELVE MONTHS</u> |
|--------------------------------------|--|---|
| WAGES-----                           | _____                                  | _____                                   |
| FARM OR SELF-EMPLOYMENT-----         | _____                                  | _____                                   |
| PUBLIC ASSISTANCE-----               | _____                                  | _____                                   |
| SOCIAL SECURITY-----                 | _____                                  | _____                                   |
| UNEMPLOYMENT COMPENSATION-----       | _____                                  | _____                                   |
| WORKMEN'S COMPENSATION-----          | _____                                  | _____                                   |
| STRIKE BENEFITS-----                 | _____                                  | _____                                   |
| ALIMONY-----                         | _____                                  | _____                                   |
| CHILD SUPPORT-----                   | _____                                  | _____                                   |
| MILITARY FAMILY ALLOTMENTS-----      | _____                                  | _____                                   |
| PENSIONS-----                        | _____                                  | _____                                   |
| INCOME FROM DIVIDENDS, INTEREST----- | _____                                  | _____                                   |
| INCOME FROM RENT-----                | _____                                  | _____                                   |

5. LIST DEPENDENTS:

| <u>NAME</u> | <u>RELATIONSHIP</u> |
|-------------|---------------------|
| _____       | _____               |
| _____       | _____               |
| _____       | _____               |
| _____       | _____               |
| _____       | _____               |
| _____       | _____               |
| _____       | _____               |
| _____       | _____               |

6. TYPE OF SERVICE:

INPATIENT: \_\_\_\_\_ OUTPATIENT: \_\_\_\_\_ EMERGENCY: \_\_\_\_\_

7. HOME - YEAR PURCHASED \_\_\_\_\_ AUTOMOBILE- MAKE \_\_\_\_\_ YEAR \_\_\_\_\_  
Current market value \$ \_\_\_\_\_ Current market value \$ \_\_\_\_\_

8. BANK ACCOUNTS

Checking accounts \$ \_\_\_\_\_ Where located \_\_\_\_\_  
Name \_\_\_\_\_  
Savings accounts \$ \_\_\_\_\_ Where located \_\_\_\_\_  
Name \_\_\_\_\_

DATED THIS \_\_\_\_\_ day of \_\_\_\_\_, 198 \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE (PERSON MAKING REQUEST)

THE STATE OF TEXAS X

COUNTY OF \_\_\_\_\_ X

SUBSCRIBED AND SWORN TO BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, 198 \_\_\_\_\_, personally appeared \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF TEXAS

My commission expires: \_\_\_\_\_

UPSHUR COUNTY, TEXAS

INFORMATION RELEASE

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
SPOUSE

\_\_\_\_\_  
DATE

I, hereby authorize persons, organizations, or establishments having information or records concerning me/us or my/our circumstances to furnish such information to a representative of the Upshur County Treasurer's Office.

I hereby grant permission for the Upshur County Treasurer's Office to obtain information which may have a bearing on my/our eligibility for health care assistance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse's Signature

1983 NOV 18 10:44 AM

UPSHUR COUNTY TREASURER'S OFFICE  
1500

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UPSHUR COUNTY, TEXAS

P. O. Box 730 Phone 843-3377

Gilmer, Texas 75644

ELIGIBILITY DETERMINATION FOR UNCOMPENSATED HEALTH CARE SERVICES

PATIENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHARITY CARE REQUESTED BY: \_\_\_\_\_

AN ELIGIBILITY DETERMINATION HAS BEEN CONDUCTED FOR UNCOMPENSATED HEALTH CARE SERVICES FOR: \_\_\_\_\_

BASED ON THE INFORMATION SUPPLIED BY THE PATIENT OR ON BEHALF OF THE PATIENT, THE FOLLOWING DETERMINATION HAS BEEN MADE:

\_\_\_\_\_ YOUR REQUEST FOR UNCOMPENSATED HEALTH CARE SERVICES HAS BEEN APPROVED FOR SERVICES RENDERED (OR TO BE RENDERED) ON: \_\_\_\_\_

\_\_\_\_\_ YOUR REQUEST FOR SERVICES HAS BEEN DENIED BECAUSE:

\_\_\_\_\_ YOUR INCOME EXCEEDS THE INCOME CRITERIA.

\_\_\_\_\_ OTHER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE REQUEST FOR SERVICES WAS MADE BY THE PATIENT OR ON BEHALF OF THE PATIENT ON \_\_\_\_\_ (DATE). AS REQUIRED BY THE APPLICABLE REGULATION, THIS DETERMINATION WAS COMPLETED ON \_\_\_\_\_ (DATE) WHICH IS WITHIN \_\_\_\_\_ WORKING DAYS FOLLOWING THE DATE OF THE REQUEST FOR UNCOMPENSATED HEALTH CARE SERVICES.

UPSHUR COUNTY, TEXAS

BY: \_\_\_\_\_  
COUNTY TREASURER

IN THE EVENT IT IS DETERMINED THAT YOU DO NOT QUALIFY FOR UNCOMPENSATED HEALTH CARE SERVICES HEREIN, YOU HAVE THE RIGHT TO APPEAL THE DECISION OF UPSHUR COUNTY TO AN APPEALS REVIEW BOARD. YOU MUST APPEAL SUCH DENIAL WITHIN 10 DAYS AFTER YOU RECEIVE NOTICE OF AN ADVERSE DECISION DENYING UNCOMPENSATED HEALTH CARE SERVICES, UNLESS GOOD CAUSE CAN BE SHOWN WHY YOU DID NOT APPEAL WITHIN 10 DAYS.

1983 JUL 15 10 11-25

SEARCHED INDEXED  
SERIALIZED FILED  
JUL 15 1983  
FBI - DALLAS

NOTICE OF APPEAL FROM DENIAL OF HEALTH CARE

On the \_\_\_\_\_ day of \_\_\_\_\_, 198\_\_\_\_, Upshur County denied my application for uncompensated health care services which I submitted on the \_\_\_\_\_ day of \_\_\_\_\_, 198\_\_\_\_.

The reason for denial was as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to give notice of appeal, and hereby give notice of appeal to the Review Board of such denial.

EXECUTED this the \_\_\_\_\_ day of \_\_\_\_\_, 198\_\_\_\_.

\_\_\_\_\_  
Applicant

Notice of appeal of \_\_\_\_\_  
was received on this \_\_\_\_\_ day of \_\_\_\_\_, 198\_\_\_\_.

\_\_\_\_\_  
Agent for Upshur County, Texas

25 11 AM 18 1983

RECEIVED  
MAY 18 1983

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## Upshur County Library

QA 101 700 TYLER STREET  
GILMER, TEXAS 75644

April 21, 1983

Judge Everett Dean  
County Court House  
Gilmer, TX 75644

Dear Judge Dean:

I hereby tender my resignation as a librarian at Upshur County Library, with request that my employment be terminated as of May 31.

Will you, and other members of the Commissioners Court, please take whatever action is necessary to sever my employment by the county?

It has been a joy to me to spend time in our lovely library, and do the things I could to help it meet the needs of our public and requirements of the State. I have always found Judge, Commissioners, Auditor, and all other county officials, as well as secretaries and clerks, to be very patient when we came with problems, and helpful in making our money go as far as possible. Thank you every one.

It is my sincere hope that you will be able to employ a librarian meeting State requirements who will continue the services of our library to community and county, begun and sponsored by the women's clubs of our town, and underwritten by county and city. We think it is a very important institution, meriting the best we can provide.

Sincerely

*Mozelle Duncan*

Mozelle Duncan

CC: Mr. Keith Barber  
County Auditor  
Court House  
Gilmer, TX 75644

PERMIT APPLICATION FOR  
USE OF UPSHUR COUNTY RIGHT OF WAY

TO: THE UPSHUR COUNTY COMMISSIONERS COURT

COUNTY OF UPSHUR

GILMER, TEXAS

PRECINCT / \_\_\_\_\_

DATE April 21, 1983

Formal notice is hereby given that Tejas Gas Corp.

whose principal address is P.O. Box 2806  
Corpus Christi, Texas 78403

does propose to place a 4" steel natural gas pipeline

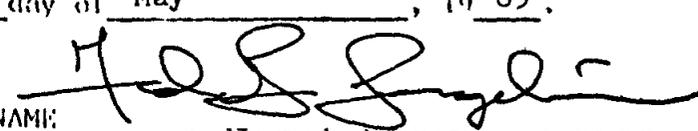
within the ROW of County Road Bob White Road

as follows: by boring under County right-of-way from  
property line to property line.

The location and description of the proposed lines or  
appertenances is more fully shown by three (3) copies of  
drawings attached to this application.

All work will be as directed by the County Commissioner or  
his designate in full accordance with Upshur County Road &  
Bridge Department policies and specifications.

Proposed construction will begin, if approved, on or after  
5 th. day of May, 19 83.

NAME: 

Fred G. Lugenheim

TITLE right-of-way agent

ADDRESS Box 2806, Corpus Christi, Texas  
78403



GENE POWELL INVESTMENTS, INC.  
 #1 McCLELLAND G.U.  
 UPSHUR CO, TX.  
 SCALE 1" = 2 MILES

*Gene Powell*