





OHIO DEPARTMENT OF NATURAL RESOURCES 1 2018 This report must be submitted to DOGRM DIVISION OF OIL & GAS RESOURCES MANAGEMENT by April 15 for the preceding calendar year 2045 Morse Road, F-2 • Columbus, OH 43229-6693 OF OIL & GAS RESOURCES MANAGEMENT as required by ORC1509.226(F).

Surface Application Annual Report Form 15 Rev. 01/17

For calendar year ending 31-Dec-20

i. Name of entity t	nat owns or has a legal right or obl	ligation to maintain road		
Name:	Hartsgrove Townshi 5321 Route 534	County:	Ashtabula	
Street Address:	Street Address: 5321 Route 534 Mu		Hartsamve	
City / State / Zip			1 44.	1,00
Phone:	(440) 474-4 4 44			
Filolie.	(440) 474-4¶17			
II. Application Pol				
EXAMPLE: Co Township Roa	lark County – Wayne Township – Townsh ad 166 and David Road	nip Road 144 between	Quantities (BBL)	Dates of Application
1)				
2)			14 1	
3)				
4)	nne			
5)	Vice0			
6)	V			W. 15.
7)				
8)			plant programme in	
III. Brine Haulers				100
Name			Registration	Number
1)				
2)				
3)		4		
4)				
5)				
IV. Sources		THE WAY OF YOUR		/ - AC - 1
Permit Nur	mber Well Owner Na	ame County	Township	Quantities (BBL)

Permit Number	Well Owner Name	County	Township	Quantities (BBL)
URL TO BY		= .	s and military	
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				22.591
			100	
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INSTRUCTIONS

- Item I Required. The name must be supplied by the person(s), company or government unit that is responsible for the maintenance of the road(s) to which brine has been applied.
- Item II Include county, township, and actual point of application of brine. A barrel (BBL) equals 42 U.S. gallons.
- Item III Hauler's Name and Registration Number must be listed if a hauler delivered or applied brine. If the county, township, or municipality used its own vehicles to apply brine, a Registration Number is not needed.
- Item IV Supply requested information for each point from which brine was collected and eventually used for surface application.

Additional copies of this form may be attached if necessary.

Patricia Neuberger Fiscal Officer
PRINT NAME
PRINT TITLE

Hatella Hulberger
SIGNATURE OF OWNER/AUTHORIZED AGENT

PRINT TITLE

HAIR
DATE SIGNED