

OHIO DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL & GAS RESOURCES MANAGEMENT 2045 Morse Road, F-2 • Columbus, OH 43229-6693

RECEIVED

This report must be submitted to DOGRM by April 15 for the preceding calendar year as required by ORC1509 226(F).

For calendar year ending 31-Dec-2018

Surface Application Annual Report Form 15 Rev. 01/17

Name: Perry Township Trustees County: Carroll

Street Address: 208 Amsterdam Rd SE
City / State / Zip: Scio / Oh / 43988

Phone: (330) 627-0776

Carroll

Township/
Municipality: Other

Other

| hone: | (330) 627 | -0776 | | | |
|---------|---|--|-----------------|---------------------|-------------------------|
| EXA | tion Points MPLE: Clark County - nship Road 166 and L | - Wayne Township – Township Ro David Road | oad 144 between | Quantities (BBL) | Dates of Application |
|) Non | None Applied in 2018 | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 1) | | | | | |
| 5) | | | | | |
| 5) | | | | | |
| ') | | | | | |
| 3) | | | | | |
| Brine H | aulers | | | | |
| Nan | ne | | | Registrat | tion Number |
| 1) | | | | To the man | |
| 2) | | | | | |
| 3) | | | | | |
| 1) | | | | | |
| 5) | | | | | |

Permit Number Well Owner Name County Township (BBL)



| Permit Number | Well Owner Name | County | Township | Quantities (BBL) |
|---------------|-----------------|--------|----------|---------------------|
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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.

| Marcia Trushel | Fiscal Officer | |
|-------------------------------------|----------------|--|
| PRINT NAME | PRINT TITLE | |
| Marai Lushel | 4-22-19 | |
| SIGNATURE OF OWNER/AUTHORIZED AGENT | DATE SIGNED | |