



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

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

## Surface Application Annual Report Form 15 Rev. 01/17

For calendar year ending 31-Dec-20

Name of entity that owns	or has a legal right or obligation	to maintain road:	,	
Name: Dedva Kull / Clay Tarns		Inslip	Knox	
Street Address: 105	W Liberty St	Township/ Municipality:	Mari	Township
City / State / Zip: Martins la	iva OH 43037	Other		
	17.1188			
Application Points  EXAMPLE: Clark County Township Road 166 and I	– Wayne Township – Township Road David Road	144 between C	Quantities (88L)	Dates of Application
1) NO being	ie Was Spread	1		
2) DIV ()	IN Suppliers			
3)	s seppres			
4)				
5)	The second			
6)			A 100	
7)		3		
8)				
Brine Haulers Name			Registrat	tion Number
1)			1:2	7
2)	J			
3)		2 6 70		
4)				
5)				
. Sources				Quantitie
Permit Number	Wall Owner Name	County	LOWING	nip (881)
Permit Number	Well Owner Name	County	Towns	hip (88L)

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DNR DOGRM 01/17

To:16142656910

91198990+1

From:office

APR-18-2018 02:04

Permit Number	Well Owner Name	County	Township	Quantities (BBL)
			343 63	
				-
		7 - 21		
				1
			THE PERSON	

## 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.

PRINT NAME

SIGNATURE OF OWNER/AUTHORIZED AGENT

PRINT TITLE

DATE SIGNED

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