



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

					• •		
I. N	lam	e of entity th	at owns or has a legal right or obligation	n to maintain road			
١	Name:		Eden Township County:		Licking		
S	Stre	et Address:	10431 Purity Road  St. Louisville / OH / 43071  Township/ Municipality Other		Eden		
(	City	/ State / Zip:					
F	Phone:		(740) 814-2857				
11. 4	•		nts ark County – Wayne Township – Township Road d 166 and David Road	d 144 between	Quantities (BBL)	Dates of Application	
	1)	Glover Rd			134	4/19 4/25 5/9 6/19 8/25 9/27	
	2)	Stradley Roa	d		93	4/14 5/10 5/18 9/12 9/22 10/2 10/19	
	3)	Houdeshell F	Road		393	4/10 4/14 5/9 5/16 6/9 6/26 8/2 9/7 9/22 10/2 10/19	
	4)	Baker Road			293	5/15 7/18 8/29 9/26	
	5)	Swick Holton	n Road		205	4/14 5/10 5/18 6/9 6/26 9/7 9/12 9/22 9/26	
	6)	Oldaker Rd		230	4/20 4/25 5/9 5/18 6/12 7/20 8/26 9/12 9/26		
	7)	Tariton Rd			216	4/19 4/25 5/9 6/9 7/20 8/25 9/27	
	8)	Blacksnake	Rd		195	4/25 5/9 6/9 8/2 8/25 9/17 9/27	
111.	Bri	ine Haulers Name			Registr	ation Number	
	1)	Bremer Stea	am Service		UI	C 25-487	
	2)	LBJ Drilling		UIC-103			
	3)						
	4)						
	5)					Ų.	

Well Owner Name

County

Township

Permit Number

IV. Sources

Quantities

17407453336

Permit Number	Well Owner Name	County	Township	Quantities (88L)
				_
		<del>                                     </del>		
				_
			_	
		-		

## INSTRUCTIONS

- Required. The name must be supplied by the person(s), company or government unit that is responsible Item I for the maintenance of the road(s) to which brine has been applied.
- Include county, township, and actual point of application of brine. A barrel (BBL) equals 42 U.S. gallons. Item II
- 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.
- Supply requested information for each point from which brine was collected and eventually used for Item IV surface application.

Additional copies of this form may be attached if necessary.

SIGNATURE OF OWNER/AUTHORIZED AGENT



MAY-06-2018 07:52



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

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For calendar year ending 31-Dec-20

				/ Hao a le	gal right or obligati	on to main	tani roau				
Name:		Eden Tov	vnship		Cou	nty:	Licking				
Street Address: City / State / Zip: Phone:		10431 Pu	rity Road		Township/ Municipality: Other		Eden				
		St. Louis	ville / OH /	43071							
P	hon	10:	(740) 814	1-2857							
11. 4	E	ication Poin EXAMPLE: Cla Township Road	ark County	– Wayne T David Road	iownship – Township R	oad 144 betw	reen	Quan (BE	The state of the s		Dates of oplication
	1)	Harmon Roa	d		8			7	9	4/25 6	3/12 8/25 9/27
	2) (	Graceland La	ane Road					9	0		/25 5/18 8/26 /12 9/26
	3)	Hunt Road						4	О	4/1	8 5/18 6/12
	4)	Camp Ohio F	Road					2	6		7/18
	5)										36
	6)	57									
	7)										
	8)										
III. Brine Haulers  Name  Registration Number								umber			
	1)	Bremer Stea	m Service	9					UIC	25-48	17
	2)	LBJ Drilling							U	IC-103	
	3)										
	4)										
	5)		4								
íV.	IV. Sources  Permit Number Well Owner Name County Township (BBL)										

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

## 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.
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- 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

Eden TWD.

To: Kenny Brown 5/6/18

Surface Application Report

Please let Me Know If Jou have any Juestions.

Mailing In a hard copy, also.
Thanks!