



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-2016

nat owns or has a legal right or oblig	ation to maintain road:		
Newton Townshi	O County:	Licking Newton Township	
6383 Marion Rd. Ni	Township/ Municipality:	Newtor	Township
	Other	-1	
(740) 745-5034			
nts ark County – Wayne Township – Township	Road 144 between		Dates of Application
	enton Twp. roads	0	ALN
		No. 1	
			\$16.00 MI
		4 4	
Book toping to the spa			
		Registra	tion Number
NIA			2
		The state of the s	
		11.00	
wher Well Owner Name	ma County	. Towns	Quantities
	ne County	Towns	IIIP (DDL)
- 111			
	Newton Township 6383 Marion Rd.N. Newark all 43055 (740) 745-5034  Ints  Or Brine Was used on New Marion  N/A	Newton Township  6383 Marion Rd. NE  Newww di 43055  (740) 745-5034  Ints  ark County - Wayne Township - Township Road 144 between and 166 and David Road  O Brine Was used on Newton Twp. roads  N/A  Misca on Newton Twp. roads  Well Owner Name  County	New 1 43055  (740) 745-5034  Ints  ark County - Wayne Township - Township Road 144 between (BBL)  O Brine WS USCA on Newton Twp. Youds  Registra  N/A  The way of the two the

	Permit Number	Well Owner Name	County	Township	Quantities (BBL)			
		NIA	-					
		1						
-								
				Maria Maria				
-								
		MANUFACTURE TO THE PARTY OF THE			+ +			
NSTR	UCTIONS			25				
em I	Required. The name	must be supplied by the person(s), f the road(s) to which brine has bee	company or govern en applied.	ment unit that is	responsible			
em II	Include county, township, and actual point of application of brine. A barrel (BBL) equals 42 U.S. gallons.							
em 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.							
em IV	Supply requested information for each point from which brine was collected and eventually used for surface application.							
Addition	al copies of this form n	nay be attached if necessary.						
	Alicia A. Pre	ctor	_ Fiscal	OFFICE C				
	PRINT N	AME		PRINT TITLE				
	Min and	*	212	1017				