

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

	entity th	A .	-		on to maintain road	AA I	- L C	
Name: Street Address:		Newton Tourship			County:	Mushingum Co. Newson tomship		
		1.		Township/ Municipality:	Newson tamphy			
ity / Sta	ite / Zip:	Roseville 1	07	43777	Other			
hone:		(740) 819	-8231					
EXA				hip – Township Ro	ad 144 between	Quantities (BBL)	Dates of Application	
				Tup. Ford	Rd (AU)	< 100	Deg Jun, Feb	
2)	11	11	(1	- Holbers	Rd (AU)	< 200	11	
3)	it	n e	(1	- Tipton	Rd (AV)	< 150		
4)				- Porter K	en Rd (AU)	(100	11	
5)				- bush k	maked Conf	100	11	
6)				- East Do	lington (All)	< 150	11	
7)				- Loner le	nof+ (AU)	(250	11	
8)		*		- norlina	in Rd (All)	(200	n	
Brine H						Registra	ation Number	
1)	Pettigrow Pumping Service Enc					VIC# 364		
2)		(1	119) 176	18-1615	100			
3)								
4)	Sec.							
5)								
Source	es (			This detail	Count		Quantitios	
edit.								

Permit Number	Well Owner Name	County	Township	Quantities (BBL)
73				
				1 1 16
				1 417
		34, 310		*
		TOWN TO THE		
			4	
Take 100 after				
rale la la				
				W. 194
10 M				

## 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

Fiscal officer

DATE SIGNED