



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

am	e of entity th	at owns or has a legal right or obli	gation to maintain road		
Name: Street Address:		Franklin Township	County:	Richland	
		525 Boyce Road	Township/ Municipality:	Franklin	
City	/ State / Zip:	Shelby / OH / 44875	Other		
Pho	one:	(419) 989-2821			
Ap	plication Poir EXAMPLE: Cla Township Roa	nts ark County – Wayne Township – Township d 166 and David Road	n Road 144 between	Quantities (BBL)	Dates of Application
1)	None.				
2)					
3)	76				
4)					
5)					
6)		a table of a second			
7)					
8)		And the second second			
Br	ine Haulers Name			Registratio	n Number
1)				April to be	To surgici
2)		RECEIVED			
3)		APR 0 8 2018			A Mark
4)		Division of Oil and Gas Resources Management		and the state of the	
5)					
S	ources Permit Nun	nber Well Owner Nam	ne County	Townshi	Quantitie p (BBL)
			B. 집 기 - 전환경환성() - 100 (1986년 전환)	and the second second	

Permit Number	Well Owner Name	County	Township	Quantities (BBL)
	SARE TRANSPORT			
				446
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				The state of

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.

Jennifer Washburn	Fiscal Officer
PRINT NAME	PRINT TITLE
Smule	4/8/18
SIGNATURE OF OWNER/AUTHORIZED AGENT	DATE SIGNED