



SURFACE APPLICATION ANNUAL REPORT (Form 15)

I. NAME OF ENTITY WHO OWNS OR HAS A LEGAL RIGHT OR OBLIGATION TO MAINTAIN ROAD:
 KEENE TOWNSHIP C/O ROBERT RABER, FISCAL OFFICER

ADDRESS: 27218 CR 406 FRESNO
 (Street) (City)

OH 43824 PHONE NUMBER: _____
 (State) (Zip) (Area Code)

COUNTY: COSHOCTON TOWNSHIP/MUNICIPALITY: KEENE

OTHER: _____

II. APPLICATION POINTS:	QUANTITIES (Bbls.)	DATES OF APPLICATION
EXAMPLE: Clark County - Wayne Township - Township Road 144 between Township Road 166 and David Road		
1) _____	0	
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		
7) _____		
8) _____		

MUST BE SUBMITTED BY APRIL 15TH FOR THE PRECEDING CALENDAR YEAR.

REQUIRED BY SECTION 1509.226, OHIO REVISED CODE - FAILURE TO SUBMIT MAY RESULT IN THE ASSESSMENT OF CRIMINAL FINES OF NOT LESS THAN \$100.00 NOR MORE THAN \$2,500.00 OR CIVIL PENALTIES NOT MORE THAN \$4,000.00.

Total = 0

III. BRINE HAULERS:

NAME	REGISTRATION NUMBER
1) <u>NGO DEVELOPMENT CORPORATION, INC.</u>	<u>UIC-36</u>
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

IV. SOURCES:

Permit #	Well Owner Name	County/Township	Quantities (Bbls.)
		/	0
		/	
		/	
		/	
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		/	
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		/	
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INSTRUCTIONS:

- Item I. Supply requested information. 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. Supply county, township, and actual point of application of brine. A barrel equals 42 U.S. gallons.
 - Item III. Hauler(s) name and registration number(s) must be listed if a hauler is used to apply brine to roads. If the county, township, or municipality uses its own vehicles to apply brine, it need not list hauler numbers; however, if hauler delivers the brine to a holding tank prior to application, the hauler's name and registration number must be listed.
 - Item IV. Supply requested information for each point from which brine was collected and eventually used for surface application.
- NOTE: Additional sheets, if necessary, may be attached.

Authorized by: _____ Title: _____

Date: _____

Submit to: **Division of Mineral Resources Management, 2045 Morse Rd., H-3, Columbus, OH 43229-6693**