



SURFACE APPLICATION ANNUAL REPORT (Form 15)

I. NAME OF ENTITY WHO OWNS OR HAS A LEGAL RIGHT OR OBLIGATION TO MAINTAIN ROAD:
 COSHOCTON COUNTY FAIR BOARD

ADDRESS: 707 KENILWORTH AVE. COSHOCTON
(Street) (City)

OH 43812 PHONE NUMBER: _____
(State) (Zip) (Area Code)

COUNTY: COSHOCTON TOWNSHIP/MUNICIPALITY: TUSCARAWAS

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) <u>SEE ATTACHED LISTING</u> | | |
| 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 = 78

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.) |
|----------|----------------------|-----------------|--------------------|
| | SEE ATTACHED LISTING | / | |
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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**

COSHCOTON COUNTY FAIRBOARD - 2014 SURFACE APPLICATION

| <u>WELL OWNER/OPERATOR - SOURCES</u> | <u>PERMIT NO.</u> | <u>COUNTY</u> | <u>TOWNSHIP</u> | <u>WELL NAME</u> | <u>12 MONTH TOTAL</u> |
|--------------------------------------|-------------------|---------------|-----------------|-------------------|-----------------------|
| NGO Development Corporation | 5921 | Coshocton | Bethlehem | House of Jacob #1 | 78 |
| | | | | | - |
| | | | | | - |
| | | | | TOTAL BBLs | <u>78</u> |