



Surface Application Annual Report Form 15 Rev. 01/17

For calendar year ending
 31-Dec-20/6

I. Name of entity that owns or has a legal right or obligation to maintain road:

| | | | |
|---------------------|---------------------------|----------------------------|---------|
| Name: | Orange Township Trustees | County: | Carroll |
| Street Address: | 8123 Antigua Rd SW | Township/ Municipality: | Orange |
| City / State / Zip: | Shebrodsrille, OHio 44675 | Other | |
| Phone: | (740) 269-9166 | | |

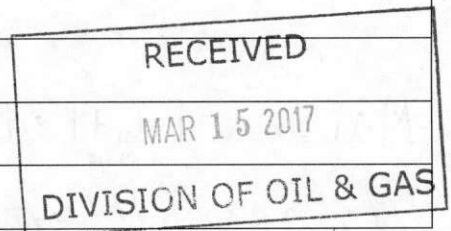
II. Application Points

EXAMPLE: Clark County – Wayne Township – Township Road 144 between
 Township Road 166 and David Road

| | | Quantities (BBL) | Dates of Application |
|----|--------------------|---------------------|-------------------------|
| 1) | No Brine used 2016 | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |

III. Brine Haulers

| | Name | Registration Number |
|----|------|---------------------|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |



IV. Sources

| Permit Number | Well Owner Name | County | Township | Quantities (BBL) |
|---------------|-----------------|--------|----------|---------------------|
| | | | | |
| | | | | |

Total = 0

| Permit Number | Well Owner Name | County | Township | Quantities (BBL) |
|---------------|-----------------|--------|----------|---------------------|
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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.

RECEIVED

Marsha Rutledge
 PRINT NAME

Marsha Rutledge
 SIGNATURE OF OWNER/AUTHORIZED AGENT

Fiscal Officer
 PRINT TITLE

3-13-17
 DATE SIGNED

Handwritten mark/signature