SURFACE APPLICATION ANNUAL REPORT (Form 15)

I. NAME OF ENTITY WHO OWNS OR HAS A LEGAL RIGHT OR OBLIGATION TO MAINTAIN ROAD:
   White Eyes Township - David Dilly, Fiscal Officer

   ADDRESS: 28520 TR 171
   (Street) Fresno
   (City)

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

   COUNTY: Coshocton TOWNSHIP/MUNICIPALITY: White Eyes

   OTHER: 

II. APPLICATION POINTS:

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

   1) 

   2) 

   3) 

   4) 

   5) 

   6) 

   7) 

   8) 

   QUANTITIES DATES OF APPLICATION (Bbls.) APPLICATION
   0 

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 = Q
### III. BRINE HAULERS:

<table>
<thead>
<tr>
<th>NAME</th>
<th>REGISTRATION NUMBER</th>
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<tr>
<td>NGO Development Corporation</td>
<td>UIC-36</td>
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### IV. SOURCES:

<table>
<thead>
<tr>
<th>Permit #</th>
<th>Well Owner Name</th>
<th>County/Township</th>
<th>Quantities (Bbls.)</th>
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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.

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Authorized by: [Signature]  
Title: [Title]

Date: [Date]

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