

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-2017

Name of entity	that owns or	has a legal right or obligati	on to maintain roa	d:		
Name:	Summit County Engineer County: Address: 538 E. South Street Municipal			Summit		
Street Address: 538 E. South Street		Township/ Municipality	The second			
City / State / Zi	City / State / Zip: ALCON 10H 1 44311		Other	•		
hone: (330) 643-2850						
Application Po						
Township Ro	pad 166 and Da	Wayne Township – Township Ro vid Road	ad 144 between	Quantities (BBL)	Dates of Application	
1) Non	e	Harris		0	NA	
2)						
3)						
4)						
5)		RECEIVED	7			
6)		JUN 2 0 2018				
7)	September 1	Division of Oil & Gas		Market 1		
8)	100	Colombus	Tapala pila	gia se ve		
Brine Haulers						
Name				Registrati	on Number	
1) N/A	NA			NA		
2)						
3)						
4)						
5)					Land of the	
Sources			1000	Water to the second	- 1 - 2 2 3 - 3	
Permit Nun	nber	Well Owner Name	County	Townshi	Quantities p (BBL)	
NA		NA	N/A	11/4	11/4	
		-	10/11	10/1	10/11	

Permit Number	Well Owner Name	County	Township	Quantities (BBL)
N/A			1937	
			-	
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	A District			3.0
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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.

PATRICK DOBBINS	DIRECTOR OF PUBLIC SCRUICE		
PRINT NAME	PRINT TITLE		
Touch all	6-19-18		
SIGNATURE OF OWNER/AUTHORIZED AGENT	DATE SIGNED		

Email to: michael. brown@dnr. state. Oh. us Date sent: Wednesday, June 20, 2018