



Surface Application Annual Report Form 15 Rev. 01/17

For calendar year ending
 31-Dec-20

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

| | | | |
|---------------------|----------------------------|----------------------------|--------|
| Name: | Paint Township, HOLMES CTY | County: | HOLMES |
| Street Address: | 7091 SR515 Millers | Township/ Municipality: | PAINT |
| City / State / Zip: | Millersburg, OH 44654 | Other | |
| Phone: | 630 231-1317 | | |

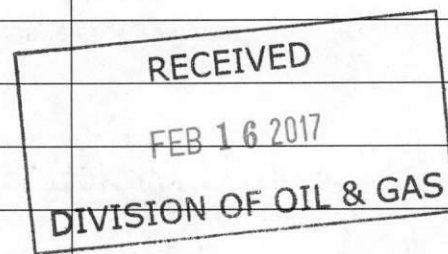
II. Application Points

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

| | | Quantities (BBL) | Dates of Application |
|----|--|---------------------|-------------------------|
| 1) | We no longer allow surface application | | |
| 2) | in FY 2016 | | |
| 3) | | | |
| 4) | - NO PERMIT WAS ISSUED - | | |
| 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) |
|---------------|-----------------|--------|----------|---------------------|
| | | | | |
| | | | | |

| 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
 JANA HOSUTTER
 PRINT NAME

Jana Hosuttter
 SIGNATURE OF OWNER/AUTHORIZED AGENT

Fiscal Officer
 PRINT TITLE

2/13/17
 DATE SIGNED