



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: | Harrison Township | County: | Perry |
| Street Address: | 12823 Twp Rd 1001 NE | Township/ Municipality: | Harrison Township |
| City / State / Zip: | Creeksville OH 43731 | Other | |
| Phone: | (740) 982-7922 | | |

II. Application Points

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

| | Quantities (BBL) | Dates of Application |
|----|---------------------|-------------------------|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |
| 6) | | |
| 7) | | |
| 8) | | |

III. Brine Haulers

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

NONE

RECEIVED
 MAY 19 2017
 DIVISION OF OIL & GAS

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.

Christine Hanson Clerk
PRINT NAME

Christine Hanson
SIGNATURE OF OWNER/AUTHORIZED AGENT

Clerk
PRINT TITLE

5-16-17
DATE SIGNED

0-10101