

# APPLICATION FOR BRINE PERMIT

Date: \_\_\_\_\_

Property Owner Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Place where BRINE is to be applied:

\_\_\_\_\_

\_\_\_\_\_

Transporter: \_\_\_\_\_ Registration No UIC: \_\_\_\_\_

Source of BRINE to be used: (List well, number and location):

\_\_\_\_\_

\_\_\_\_\_

Describe the method, rate, and frequency of application:

\_\_\_\_\_

\_\_\_\_\_

*The above mentioned property owner has adopted the rules for spreading the salt water in accordance to Ohio Revised Code 1509.226.*

\_\_\_\_\_  
**PROPERTY OWNERS SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Printed Name of Owner**

\_\_\_\_\_  
**Title**