

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