OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL & GAS RESOURCES MANAGEMENT
2045 MORSE RD., F-2, COLUMBUS, OH 43229-6693 • (614) 265-6922

Enclosed are copies of the forms pertaining to the transportation of brine in Ohio. The forms included are:

1. **Application for Brine Transporter Registration or Modification of Disposal Plan:**
   Any person or entity that transports brine in this state must register with and obtain a registration certificate and identification number from the Chief.
   The application must include:
   - A $500.00 non-refundable application fee.
   - A surety bond, certificate of deposit (CD), or a cashier's check for the amount of $15,000.00. (Bonding company MUST be authorized to do business in Ohio.)
   - A plan for Disposal.
   - A certificate issued by an insurance company that states that the applicant has in force liability insurance coverage of $300,000.00 for bodily injury and $300,000.00 for property damage coverage.

   The Chief may deny an application for a registration certificate if:

   A. The applicant has been found liable by court for damage to streets, roads, highways, bridges, culverts or driveways until the applicant provides evidence of compliance with the order.
   B. The applicant's disposal plan does not provide compliance with the chapter 1509 of the Ohio Revised Code and rules of the Chief pertaining to the transportation of brine.

A registered transporter must list all sources and disposal sites of brine currently transported on the disposal plan. A registered transporter must apply to the division to revise a disposal plan.

No transporter can attempt to circumvent the above requirements by applying under a different name or business organization, by transferring responsibility to another person or entity or by any similar act. Any violation of the terms of registration may result in civil penalties. Knowingly violating the registration application plan may leave the violator liable for resulting damages.

2. **Transporter Daily Log Samples (see attached):** Each registered transporter must maintain a daily log on each vehicle which details:
   - The name of the owner(s) of the well(s) producing the brine to be transported.
   - The date and time the brine is loaded.
   - The name of the driver.
   - The amount of brine loaded at each collection point.
   - The disposal location.
   - The date and time the brine is disposed of.
   - The amount of brine disposed of at each location.

The driver of the vehicle must have the daily log available upon request of the Chief of an authorized representative of the Chief or peace officer. Violations involving the transporter's log may result in civil penalties.

3. **Surety Bond for Brine Transportation System:** Before being issued a registration certificate, an applicant must execute and file with the Division of Oil & Gas Resources Management a surety bond, cashier's check, or a negotiable certificate of deposit for $15,000.00 to provide compensation for damages resulting from transporter's violation of Sections 1509.22, 1509.222, or 1509.223 of the Ohio Revised Code. The surety bond must be executed by a surety company authorized to do business in Ohio. No bond shall be approved unless there is an attached certificate of compliance signed by the Superintendent of Insurance stating that a company is authorized to transact a fidelity and surety business in Ohio.

If a registered transporter is found liable for a violation of Sections 1509.22, 1509.222, or 1509.223 of the Ohio Revised Code, the court may order the forfeiture of all or part of the bond as full or partial payment of damages, the Chief shall not release the bond except by court order of until two years after the termination of a registration certificate.

4. **The Brine Hauler Annual Report:** Each registered transporter must file with the Chief of the Division of Oil & Gas Resources Management by April 15th of each year. The annual report consists of:
    - Quantities of brine transported.
    - The source of the brine
    - The delivery point.

Failure to submit an annual report may result in and administrative order and/or civil penalties. The format of the brine hauler annual report may be altered to accommodate data entry; however, the information required will remain the same.

If you have any questions, please contact me at (614)265-6923.

Sincerely,

Jennifer Gingras
Underground Injection Control (UIC) Section
Division of Oil & Gas Resourced Management
2045 Morse Rd. Building F-2
Columbus, Ohio 43229-6693

Enclosure

OHIO DEPARTMENT OF NATURAL RESOURCES
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BRINE HAULERS

PROOF OF INSURANCE REQUIREMENTS

(REV913)

Section 1509.222 of the Ohio Revised Code states in part, "a certificate issued by an insurance company authorized to do business in this state certifying the applicant has in dollars bodily injury coverage and three hundred thousand dollars property damage coverage to pay damages for injury to persons or property caused by the collecting, handling, transportation, or disposal of brine. The policy shall be maintained ineffect during the term of the registration certificate… The policy or policies providing such coverage shall require the insurance company to give notice to the Chief if the policy or policies lapse for any reason".

PLEASE NOTE:

The insurance policy must meet the requirements of $300,000 for bodily injury and $300,000 for property damage. A combined single limit of $300,000 for bodily injury/property damage will not meet the requirements. Combined single limits for property damage/bodily injury must equal or exceed $600,000.

Questions concerning the insurance requirements should be directed to Erica Freeman in the Surety Section at (614) 265-6900.

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ASSIGNMENT FOR CERTIFICATE OF DEPOSIT

(REV913)

FOR VALUE RECEIVED, I/We hereby assign this Certificate of Deposit unto:

STATE OF OHIO
DIVISION OF OIL AND GAS RESOURCES MANAGEMENT

SIGNATURE OF REGISTERED OWNER	NAME OF OWNER (*PLEASE PRINT*)
CERTIFICATE NUMBER	ISSUE DATE
RENEWAL TERM	MATURITY DATE

The assignment of said Certificate of Deposit is Acknowledged and recorded on the books of the issuing office by:

ISSUING BANK OR INSTITUTION	ADDRESS
SIGNATURE AND TITLE OF BANK OFFICIAL	CITY, STATE, ZIP CODE
	TELEPHONE NUMBER
	DATE

THE ABOVE ASSIGNMENT MUST BE ON THE BACK OF ALL CERTIFICATES OF DEPOSIT OR AS AN ATTACHMENT.

NOTE: PLEASE USE BLUE INK

☐ **Please check this box to ensure a HOLD has been placed on this account for the Benefit of the State of Ohio, Division of Oil and Gas Resources Management.**

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SURETY BOND FOR BRINE TRANSPORTATION SYSTEM (Form 18)

(REV913)

BOND NUMBER: _____

KNOWN ALL MEN BY THESE PRESENTS:

That we, _____ of _____
(principal) *(permanent address)*

County of _____ , state of _____ , as Principal,

and _____ , as Surety,
(name of surety) *(address)*

are held and firmly bound unto the People of the State of Ohio in the sum of FIFTEEN THOUSAND DOLLARS ($15,000.00), to the payment whereof the said Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

WHEREAS, the above-named Principal has applied to the Department of Natural Resources, Division of Oil and Gas Resources Management of the State of Ohio for a registration certificate to operate an OIL FIELD BRINE TRANSPORTATION SYSTEM.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the Principal herein shall fully comply with Sections 1509.22, 1509.222, or 1509.223 of the Ohio Revised Code as amended or enacted by an Act entitled, "Amended Substitute House Bill Number 501," (effective April 12, 1985), and amendments thereto, or any rules, orders, or terms and conditions of registration certificates issued by said Department pursuant to the above provisions, said Act and all amendments thereto and said rules, orders, and terms and conditions of registration certificates hereby specifically referred to and by reference made a part hereof, so that no damage to person, property, or both, occurs as a results of a violation of the above provisions, then this obligation shall be null and void; otherwise to remain in full force and effect.

The principal desiring to terminate its registration must furnish proof satisfactory to the Department of Natural Resources, Division of Oil and Gas Resources Management, that it has fully complied with the terms and conditions of this bond.

The Surety must notify the Division of Oil and Gas Resources Management of intent to cancel by giving a thirty (30) day notice in writing to the Division. The notice shall be forwarded to the Division by certified mail – return receipt requested. If this bond is substituted for any prior bond carried or security pledged to the State by the Principal or by any predecessor in interest of the Principal which prior bond is terminated, canceled, returned or allowed to expire as of the time of such substitution, the Surety agrees that this bond applies to a loss sustained by, or caused to, persons, property, or both, as a result of a violation of Sections 1509.22, 1509.222 or 1509.223 of the Ohio Revised Code by Principal, as the case may be, prior to or during the period that this bond is in effect, provided that such loss is discovered after the beginning of the bond period and prior to the cancellation of this bond as an entirety and that such loss would have been recoverable by the Persons suffering such loss under such prior bond.

In no event shall the surety be liable for a greater sum than the penalty of this bond. However, payment in part of the face amount of this bond shall not constitute extinguishments of the obligation of surety hereunder, absent notification of cancellation of the bond received by the Division of Oil and Gas Resources Management in the manner prescribed in the preceding paragraphs. In no event shall Principal continue to operate an OIL FIELD BRINE TRANSPORTION SYSTEM WITHOUT SECURING AND MAINTAINING A SURETY BOND TO SUCCEED A BOND CANCELED FOR ANY REASON (INCLUDING BUT NOT LIMITED TO PAYMENT OF THE FACE AMOUNT OF THE BOND BY SURETY OR FAILURE OF PRINCIPAL TO PAY PREMIUNS ON THIS BOND).

IN WITNESS WHEREOF, we have hereunto set our respective hands and seals this _____ day of

_____ , 20_____.

OHIO DEPARTMENT OF NATURAL RESOURCES
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SURETY BOND FOR BRINE TRANSPORTATION SYSTEM (Form 18)

(REV913)

PRINCIPAL *(PRINTED NAME)*	SURETY *(PRINTED NAME)*
State of _____	State of _____
County of _____	County of _____
The foregoing bond was acknowledged before me this	The foregoing bond was acknowledged before me this
_____ day of _____ , 20 ____	_____ day of _____ , 20 ____
on behalf of _____ *(PRINCIPAL)*	on behalf of _____ *(SURETY)*
by _____ *(AUTHORIZED AGENT)*	by _____ *(AUTHORIZED AGENT)*
_____ *(NOTARY PUBLIC)*	_____ *(NOTARY PUBLIC)*
_____ *(DATE COMMISSION EXPIRES)*	_____ *(DATE COMMISSION EXPIRES)*
(SEAL)	***(SEAL)***

A CERTIFICATE OF COMPLIANCE SIGNED BY THE SUPERINTENDENT OF INSURANCE OF OHIO, MUST BE ATTACHED TO THIS BOND. WHEN PRINCIPAL OR SURETY EXECUTES THIS BOND BY AGENT, POWER OF ATTORNEY OR OTHER EVIDENCE OF AUTHORITY MUST BE ATTACHED.

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APPLICATION FOR BRINE TRANSPORTER REGISTRATION OR MODIFICATION OF DISPOSAL PLAN (Form 12)

(REV913)

APPLICATION	MODIFICATION	DATE

I. APPLICANT'S NAME: _____ REGISTRATION NUMBER: _____ *(IF MODIFICATION)*

DOING BUSINESS AS (*TRADE NAME, IF ANY*): _____

APPLICANT'S ADDRESS: _____ *(STREET)*

_____ *(CITY)* _____ *(STATE)* _____ *(ZIP CODE)*

PRINCIPAL BUSINESS ADDRESS (*IF DIFFERENT FROM ABOVE*): _____ *(STREET)*

_____ *(CITY)* _____ *(STATE)* _____ *(ZIP CODE)*

COUNTY: _____ APPLICANT'S PHONE NUMBER: (_____)_____ *(AREA CODE)*

BUSINESS PHONE NUMBER (*IF DIFFERENT*): (_____)_____ *(AREA CODE)*

II. VEHICLES (*ATTACH ADDITIONAL PAGES IF NECESSARY*):

YEAR/MAKE	VIN NUMBER	STATE OF REGISTRATION
_____ / _____		
_____ / _____		
_____ / _____		
_____ / _____		
_____ / _____		
_____ / _____		
_____ / _____		

III. DISPOSAL METHODS AND SITES (*ATTACH ADDITIONAL PAGES IF NECESSARY*):

SALTWATER INJECTION		ENHANCED RECOVERY	
COUNTY/TOWNSHIP	PERMIT NUMBER	COUNTY/TOWNSHIP	ER PROJECT NUMBER
_____/_____		_____/_____	
_____/_____		_____/_____	
_____/_____		_____/_____	
_____/_____		_____/_____	
_____/_____		_____/_____	
_____/_____		_____/_____	
_____/_____		_____/_____	

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APPLICATION FOR BRINE TRANSPORTER REGISTRATION OR MODIFICATION OF DISPOSAL PLAN (Form 12)

(REV913)

IV. SURFACE APPLICATION POINTS:

EXAMPLE(S):

A) APPLICATION POINTS: Twp. Rd. 101 between Lebbel Lane and Twp. Rd. 144

COUNTY: Clark **TOWNSHIP:** Bethel **OTHER:** _____

RESOLUTION APPROVED BY: Clark County **WRITTEN PLAN APPROVED: YES** ☑ **NO** ☐

B) APPLICATION POINTS: Big Bear Parking Lot

COUNTY: Gallia **TOWNSHIP:** Springfield **OTHER:** _____

RESOLUTION APPROVED BY: Gallia County **WRITTEN PLAN APPROVED: YES** ☐ **NO** ☑

1) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES ☐ NO ☐

2) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES ☐ NO ☐

3) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES ☐ NO ☐

4) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES ☐ NO ☐

5) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES ☐ NO ☐

6) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES ☐ NO ☐

7) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES ☐ NO ☐

8) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES ☐ NO ☐

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APPLICATION FOR BRINE TRANSPORTER REGISTRATION OR MODIFICATION OF DISPOSAL PLAN (Form 12)

(REV913)

V. MODIFICATIONS ONLY (*SOURCE OF COLLECTION*):

WELL OWNER NAME	COUNTY	PERMIT NUMBER

An application for transporter registration or modification of the disposal plan should be sent to the Division of Oil and Gas Resources Management, Underground Injection Control.

An application for a registration certification must be accompanied by a $500.00 check or money order made payable to the Division of Oil and Gas Resources Management. This is non-refundable.

BEFORE THIS APPLICATION CAN BE PROCESSED, A BOND OF $15,000 REQUIRED BY SECTION 1509.225 OF THE OHIO REVISED CODE, AND A CERTIFICATE ISSUED BY AN INSURANCE COMPANY AUTHORIZED TO DO BUSINESS IN THIS STATE CERTIFYING THAT THE APPLICANT HAS IN FORCE A LIABILITY INSURANCE POLICY IN AN AMOUNT NO LESS THAN $300,000 BODILY INJURY COVERAGE AND $300,000 PROPERTY DAMAGE COVERAGE MUST BE EXECUTED AND FILED WITH THE DIVISION OF OIL AND GAS REOURCES MANAGEMENT.

Item I. Complete information as requested.

Item II. Complete information as requested.

Item III. Information must be provided for each disposal site that applicant intends to use.

Item IV. Applicants must complete the information on Item IV for an application and any modifications of the disposal plan. Information shall be provided for the county name, township, municipality, surface application points, entity that approved a resolution for surface spreading, and whether a written plan has been approved.

Item V. This information must be completed when applying for modification of a disposal plan.

SIGNATURE OF APPLICANT OR REGISTERED TRANSPORTER

DATE

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BRINE TRANSPORTATION DAILY LOG

(913)

ASSIGNED TRANSPORTATION REGISTRATION NUMBER (*UIC#*):	STATE OF ORIGIN:
HAULER NAME:	
HAULER ADDRESS:	
LICENSE NUMBER OF MOTOR VEHICLE:	

DRIVER NAME (*FIRST & LAST*):	
DATE OF PICK-UP:	TIME OF PICK-UP:

ORIGIN OF BRINE (*PRODUCER*):	
ORIGIN OF BRINE (*STATE*):	ORIGIN OF BRINE (*COUNTY*):
ORIGIN OF BRINE (*LEASE NAME*):	
ORIGIN OF BRINE (*API WELL PERMIT NUMBER*):	

DISPOSAL LOCATION (*COUNTY*):	DISPOSAL LOCATION (*TOWNSHIP*):
DATE OF DISPOSAL:	TIME OF DISPOSAL:
METHOD OF DISPOSAL:	
VOLUME OF DISPOSAL:	

DRIVER'S NAME (*PRINTED*): _____ DATE: _____

DRIVER'S NAME (*SIGNATURE*): _____ DATE: _____

NOTE: Specify Disposal site by API# if Applicable. If brine is used as a dust suppressant or for ice control, indicate County or Township road or private property. Methods of disposal indicate the appropriate disposal methods; i.e. Dust suppressant, injection well, or recycling facility. If abbreviations are used on this form please define.

REQUIRED BY CHAPTER 1509.223 (c) OF THE OHIO REVISED CODE

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BRINE HAULER ANNUAL REPORT (Form 13)

(REV913)

FOR CALENDAR YEAR ENDING DECEMBER 31, 20 _____ REGISTRATION NUMBER: _____

I. NAME: _____

ADDRESS: _____
(STREET)

_____ _____ _____
(CITY) (STATE) (ZIP CODE)

PHONE NUMBER: (_____) _____
(AREA CODE)

II. SOURCES:

OWNER/OPERATOR	PERMIT NUMBER	COUNTY	QUANTITIES

MUST BE SUBMITTED BY APRIL 15TH FOR THE PRECEEDING CALENDAR YEAR

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BRINE HAULER ANNUAL REPORT (Form 13)

(REV913)

II. SOURCES:

OWNER/OPERATOR	PERMIT NUMBER	COUNTY	QUANTITIES

III. DISPOSAL POINTS:

COUNTY/TOWNSHIP	DISPOSAL METHOD	PERMIT NUMBER (*IF INJECTION WELL*)	QUANTITIES (*Bbls.*)
/			
/			
/			
/			
/			
/			
/			
/			
/			

INSTRUCTIONS:

Item I: Provide requested information.

Item II: Provide requested information for each well from which brine was collected. A barrel equals 42 U.S. gallons.

Item III: Provide requested information for each disposal site used. If an injection well is used, the permit number must be listed. A barrel equals 42 U.S. gallons.

NOTE: ADDITIONAL SHEETS, IF NEEDED, MAY BE ATTACHED.

SIGNATURE OF REGISTERED TRANSPORTER

DATE

SUBMIT TO: Division of Oil and Gas Resources Management
2045 Morse Road, Building F-2
Columbus, OH 43229-6693