OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS RESOURCES MANAGEMENT
2045 MORSE RD., BLDG. F-2, COLUMBUS, OH 43229-6693
Phone: (614) 265-6922 • Fax: (614) 265-6910

APPLICATION TO OPERATE A FACILITY

(REVISED 1213)

1. Name of Applicant _____ Phone Number: ( ) –

   Address: _____

   Date: _____ Email Address: _____

   For an order or a permit to operate: ☐ Existing Facility ☐ New Facility

2. **PURPOSE OF FACILITY:** *(Check all that apply)* ☐ Storage ☐ Processing ☐ Recycling ☐ Disposal ☐ Treatment

3. **TYPE OF MATERIAL:** ☐ Brine ☐ Drill Cuttings ☐ Drilling Mud ☐ Other Waste Substance *(explain)* _____

4. **If a Business Entity, list the statutory agent and include a certified copy of their appointment:**

   Name: _____

   Address: _____

5. **Engineer of Record:**

   Name: _____

   Address: _____

   Ohio Professional Engineering License Number: _____

6. **Address of Facility:**

   Address: _____

   County: _____ Township: _____

   Municipal Corporation: _____

   Latitude: _____ Longitude: _____

7. **Write a brief description of the facility and operations:** _____

   _____

   _____

   _____

8. **Include all information as set forth in the *"Guidelines for Application for Chief's Order"*. Attach Additional Documents**

I, the undersigned, being first duly sworn, depose and state under penalties of law, that I am authorized to make this application, that this application was prepared by me or under my supervision and direction, and that the facts stated herein are true, correct, and complete, to the best of my knowledge.

I certify that the facility will comply with or is currently in compliance with all provisions of Chapter 1509 ORC, Chapter 1501 OAC, and all terms and conditions of orders and permits issued by the Chief, Division of Oil and Gas Resources Management.

Signature of Authorized Agent _____

Name (Type or Print) _____ Title _____

Sworn to and subscribed before me this the _____ day of _____ , 20 _____ .

_____
(Notary Public)

_____

_____
(Date Commission Expires)