

AGGREGATE BRINE APPLICATION ANNUAL REPORT

I. NAME OF ENTITY THAT HAS APPROVAL TO APPLY BRINE: <hr/>					
ADDRESS:					
(Street)		(City)			
(State)		(Zip)			
COUNTY: _____		BRINE STORAGE CAPACITY: _____		BBLS. _____	
(one barrel equals 42 U.S. gallons)					
II. QUANTITY OF BRINE RECEIVED:					
	Date	Hauler	UIC No.	Quantity (bbls.)	Cumulative Volume (bbls.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

III. QUANTITY OF BRINE APPLIED TO AGGREGATE:

	APPLICATION VOLUME (BBLs.)					Daily Totals
	Date	Temperature	Stockpiles	Aggregate Loads	Truck Beds	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						

**MUST BE SUBMITTED TO U.I.C. SECTION, DIVISION OF MINERAL RESOURCES MANAGEMENT, BY APRIL 15TH
2045 MORSE ROAD, H-3, COLUMBUS, OH 43229-6693**

AUTHORIZED BY: _____
DATE: _____

TITLE: _____