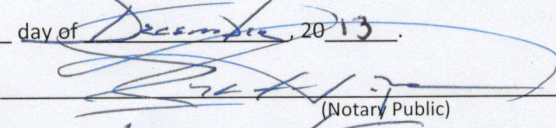


APPLICATION TO OPERATE A FACILITY
OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS RESOURCES MANAGEMENT
2045 MORSE ROAD, BUILDING F-2
COLUMBUS, OHIO 43229-6693
(614) 265-6922

1. Name of Applicant: <u>Terry Dusz</u> Address: <u>1001 Main St Martins Ferry OHIO 43935</u> Date: _____ eMail Address: <u>terry.dusz@arrowstrip.com</u> For an Order or a Permit to Operate: <input checked="" type="checkbox"/> Existing Facility <input type="checkbox"/> New Facility	Phone #: <u>(304) 639-3166</u>
2. PURPOSE OF FACILITY: <input type="checkbox"/> Storage <input checked="" type="checkbox"/> Recycling <input type="checkbox"/> Treatment (Check all that Apply) <input type="checkbox"/> Processing <input type="checkbox"/> Disposal	
3. TYPE OF MATERIAL: <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Drill Cuttings <input type="checkbox"/> Drilling Mud <input type="checkbox"/> Other Waste Substance (explain) _____	
4. If a Business Entity, list the statutory agent and include a certified copy of their appointment: Name: <u>4K Industrial PARK LLC</u> Address: <u>1001 Main Street Martins Ferry OHIO 43935</u>	
5. Engineer of Record: Name: <u>Jeff Vaughn</u> Address: <u>154 S. Marietta St. St. Clairsville, OHIO 43950</u> Ohio Professional Engineering License Number: <u>50763</u>	
6. Address of Facility: Address: <u>1001 Main Street Martins Ferry OHIO 43935</u> County: <u>Belmont</u> Township: <u>Peace</u> Municipal Corporation: <u>Martins Ferry</u> Latitude: <u>40° 6' 19" N</u> Longitude: <u>80° 42' 45" 14" W</u>	
7. Write a brief description of the facility and operations: <u>See Attachments</u>	
8. An application for a facility shall include the information Application for 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 Terry Dusz
Name (Type or Print) Terry Dusz **Title** V.P. Steel Processing
Sworn to and subscribed before me this the 23rd **day of** December, 2013.

(Notary Public)
JOSEPH H. SOMERS
5/21/2016
(Date Commission Expires)