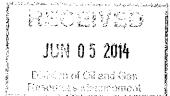
## **APPLICATION TO OPERATE A FACILITY**

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

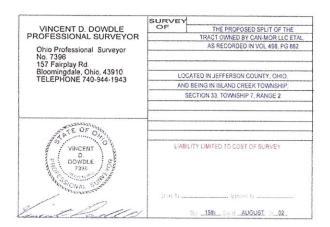


Name of Applicant: CMS OIL FIELD SERVICES Phone #: 740 969-7243 Address: 69500 BANNOCK ROAD Date: 5/30/2014 eMail Address: CRHALGAS@CMSOILFIELDSERVICES.COM For an Order or a Permit to Operate: **Existing Facility** New Facility Recycling 2. PURPOSE OF FACILITY: Treatment (Check all that Apply) Processing Disposal 3. TYPE OF MATERIAL: □ Brine □ Drill Cuttings ☐ Drilling Mud Other Waste Substance (explain) flow back/ Production water and fresh water, SAND If a Business Entity, list the statutory agent and include a certified copy of their appointment: Name: Christopher R Halgas Address: 301 COMMERCE ROAD MOORESTOWN NEW JERSEY Engineer of Record: Name: Ohio Professional Engineering License Number: Address of Facility: Address: <u>1278 STATE RT 43</u> County: JEFFERSON Township: WINTERSVILLE Municipal Corporation: \_\_JEFFERSON\_ Latitude: 40.415914 Longitude: \_\_-80.743186 Write a brief description of the facility and operations: \_\_TEMPORALLY STORE ABOVE MATERIALS IN A PROPOSED CAPACITY OF (8) (500) BBLFRAC TANKS 168,000 GALLONS UNDER CONTAINMENT WITH 18" BERMS AND 18" SILT SOCKS FOR ITS PARAMETER PLEASE SEE ATTACHED DRAWINGS TRANSPORT MATERIALS FROM SURROUNDING NATURAL GAS DRILLING SITES AND PIPE LINE COMPANYS THIS IS A TEMPORY STORAGE SITE FOR OVER FLOW OF METERALS UNTIL APPOVED LANDFILLS AND DEEP WELL INJECTION ARE APPOVED OR ABLE TO TAKE SAID MATERIALS 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) <u>CHRISTOPHER R HALGAS</u> Sworn to and subscribed before the this the ynthia Kaeble Notary Public, New Jerse y Commission Expires 6-10-14 DNR 1509.22 (12/2013)

(Date Commission Expires)

1278 STATE RT 43 JEFFERSON COUNTY TOWNSHIP OF WINTERSVILLE LATITUDE 40.415914 LONGITUDE -80.743186





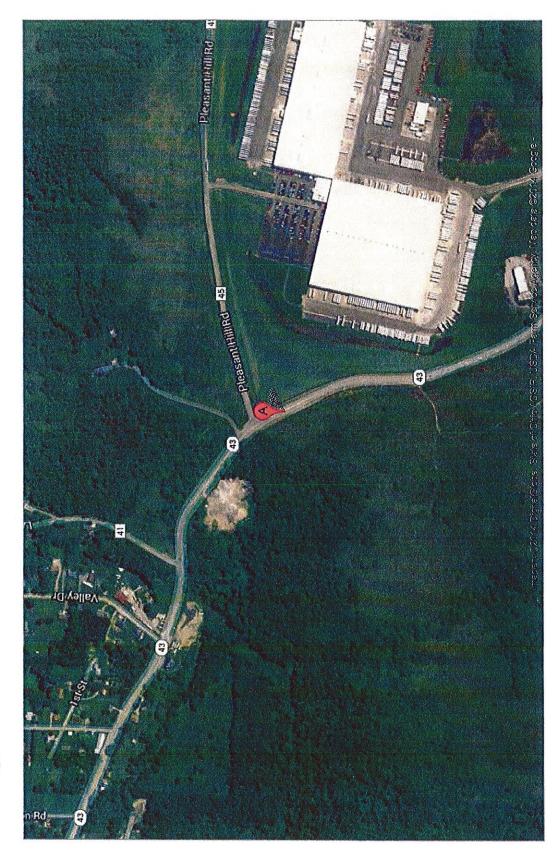


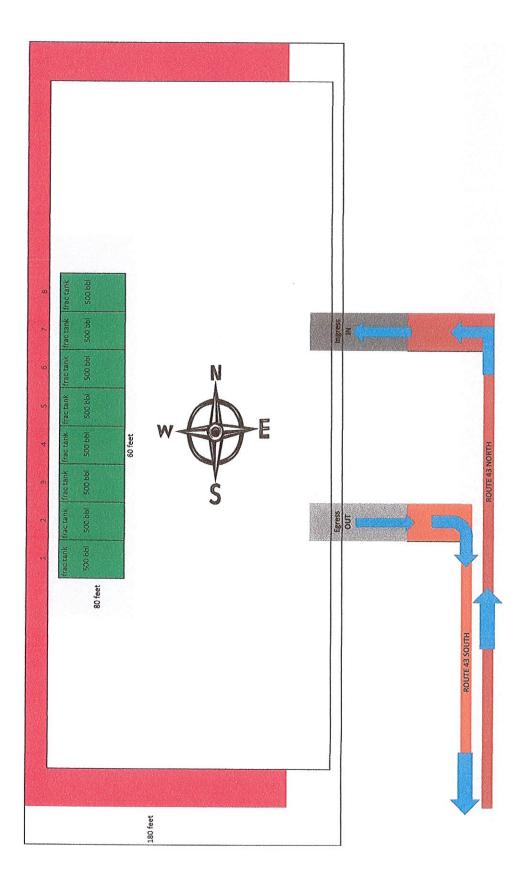
SCALE 1 INCH = 50 PEET

Δ	30,010.0
0	9/21/25/95
P/L	14 11 01 12
W-N-14-14-	E nEa
RAW	The Alexander
6A	CENTER LINE
CCCC	TREE LINE



To see all the details that are visible on the screen, use the "Print" link next to the map.





	Manifest No. 2796	Netw	ork No. & Activity Ele	ement		Work Or		G/L Account						
.	Generator's Mailing Address		Generating Location Information											
.			Site Name: Facility Type:											
.			Address:				Well No							
			. 100.100				Activity							
			Area:											
	Description of Waste Materials			Conta	iners Type	Total Quantity	Unit Wt/Vol	Waste Codes						
ά	a.													
GENERATOR	Waste Approval # -					ĺ								
X	b.							<u>-</u>						
剪														
回	Waste Approval # -													
വ	c.													
	Marks A #					ŀ								
ŀ	Waste Approval # - Additional Description for Mater	ials Listed Abr			Special Hear	41:1	lana B. A. dalaia							
	Additional Description for Mater	idis Listed Abi	ove		Special Handling Instructions & Additional Information									
l														
-	CENEDATOR'S CERTIFICATE	· · · ·												
	GENERATOR'S CERTIFICATE  I hereby certify that the above-de-	scribed materi	als are not hazardous	wastes as d	lefined by 40 (	CFR 261 or any	y applicable st	ate law, ha	ve been fully a	nd accurately				
}	described, classified, packaged a	nd are in prope	1	ortation acc	ording to appl	<del></del>								
ĺ	Printed Name		Signature			Phone Nu	mber	Da	ate					
			<u> </u>	· · · · · · · · · · · · · · · · · · ·				<u> </u>						
$\geq$	TRANSPORTER'S CERTIFICATI	ION												
$\cong$	I hereby certify that the above-des	scribed materia	als were picked up at	the generate	or site listed ar	nd will be deliv	ered to the de	signated o	disposal facility	in accordance				
$ \Delta $	with applicable regulations.													
NSPORTATION	Transporter #1 Acknowledgement	of Receipt of I	Materials	ĺ	Transporter #1 Company:									
2	Printed Name		Signature			Pickup Tir	ne	Pic	Pick-up Date					
외														
$\triangleleft$	Transporter #2 Acknowledgement	of Receipt of I	Materials		Transporter #2 Company:									
田	Printed Name		Signature	-		Pickup Tir	ne	Pic	ck-up Date					
<u>`</u>														
	Designated Facility (Name & Add	ress)			Facility Conta	act (Name & I	Phone)							
-	Description of Manifest Deviation				Disposal Fac	ilibullas Osb			·· · · · · · · · · · · · · · · · · · ·					
	2000 phon of maintest beviation	15			Disposal Fac	inty Ose Only	Dis	Disposal Location						
$\overline{o}$				Cell										
FACILITY	CERTIFICATION OF SINAL TO	ATLACL 199 /m /	DO044	<u>.</u>		<del> </del>		Gri	id					
	CERTIFICATION OF FINAL TREATMENT/DISPOSAL  I certify, on the behalf of the above listed treatment facility, that to the best of my knowledge, the above-described materials were managed in compliance with all applicable laws, regulations, permits and licenses.													
	Facility Owner or Operator: Certific	cation of receip	ot of non-hazardous	naterials cov	ered by this m	uanifost				·				
					o. o. o. o. ,	icu (1165).								



69500 Bannock Rd. • St. Clairsville, Ohio 43950 • 888-532-2281



## **TANK TRACKING**

TANK	OWNER/ LOCATION	TYPE OF MATERIAL	DELIVERED BY	DATE
NUMBER				
<del>'</del>				

## CMS Oilfield Services 69500 Bannock Road, St. Clairsville, OH 43950 Out Bound Water

	···															DATE:
																TANK #:
																GENERATOR
																WELL NAME:
																PRODUCT
																DRIVER NAME
																COMPANY UNIT#
			 <u></u>													#TINU
																TIME OUT
															- 1	BBLS



CMS Oil Field Services 69500 Bannock Rd. St. Clairsville, OH 43950 Phone: 888-532-2281 Ticket No.

7564

## **Water Tracking**

Driver (Print)		<u></u>	Date	
Truck/Unit #				
		Customer		
Well Owner	h			
Start Time		SOURCE		
Source Arrival Time		Well ID#		
Load Time	<del></del>	County		State
Dest. Arrival Time	_			
Unload Time	<del></del>	DESTINATION		
		Well ID#		
End Time	NA []	County		State
Total Hours		Tank #	<u> </u>	
		Water Type		
Fresh/Completion Fresh/Construction Fresh/Drilling Pit/Completion Other Total BBLS Total Gallons Disposal Site			Pit/Drilling Produced/Produced/Produced/Comple Recycled/Comple Recycled/Drilling  NA	etion
	Desc	ription of Wo	rk	
Authorized/Approved By	Date	Opera	tor Signature	