

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: CMS OILFILED SERVICES	Phone #: 740 968-7243
	Address: 69500 Bannock Road - St. Clairsville Ohio 43950	
	Date: 3/6/2014	eMail Address: CRHALGAS@CMSOILFIELDSEVICES.COM
	For an Order or a Permit to Operate: <input type="checkbox"/> Existing Facility <input checked="" type="checkbox"/> New Facility	
2	PURPOSE OF FACILITY: <input checked="" type="checkbox"/> Storage <input checked="" type="checkbox"/> Recycling <input checked="" type="checkbox"/> Treatment	
	(Check all that Apply) <input checked="" type="checkbox"/> Processing <input checked="" type="checkbox"/> Disposal	
3	TYPE OF MATERIAL:	
	<input checked="" type="checkbox"/> Brine <input checked="" type="checkbox"/> Drill Cuttings	
	<input checked="" type="checkbox"/> Drilling Mud <input checked="" type="checkbox"/> Other Waste Substance (explain) <u>Flow Back, Production Water, and Sand</u>	
4	If a Business Entity, list the statutory agent and include a certified copy of their appointment:	
	Name: Christopher R Halgas	
	Address: 301 COMMERCE DRIVE MOORESTOWN NEW JERSEY	
5	Engineer of Record:	
	Name: _____	
	Address: _____	
	Ohio Professional Engineering License Number: _____	
6	Address of Facility:	
	Address: 1278 STATE RT 43	
	County: JEFFERSON	
	Township: WINTERSVILLE	
	Municipal Corporation: Jefferson	
	Latitude: 40.415914	
	Longitude: -80.743186	
7	Write a brief description of the facility and operations: _____	
	Temporarily store above materials from surrounding natural gas drill sites in frac tanks with proper containment. Separate solids from liquids, filter liquids for reuse or deep well disposal. Solids will be solidified or hauled as is to appropriate landfill.	
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.

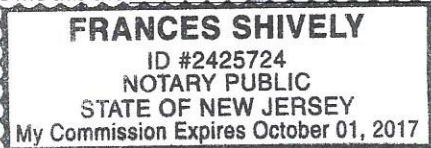
Signature of Authorized Agent _____

Name (Type or Print) CHRISTOPHER R HALGAS

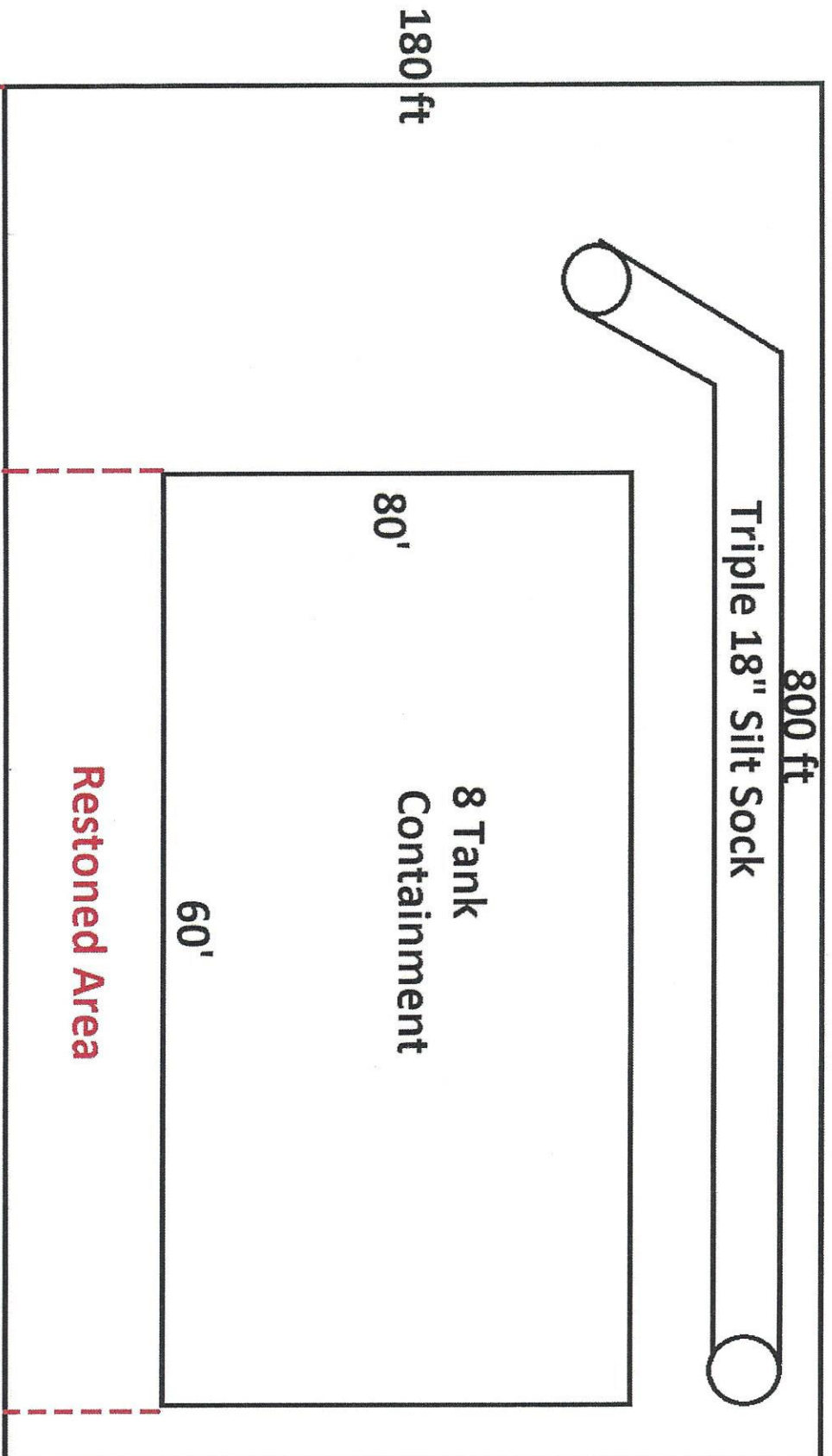
Title _____

Sworn to and subscribed before me this the _____

day of 3/6 February 20 14

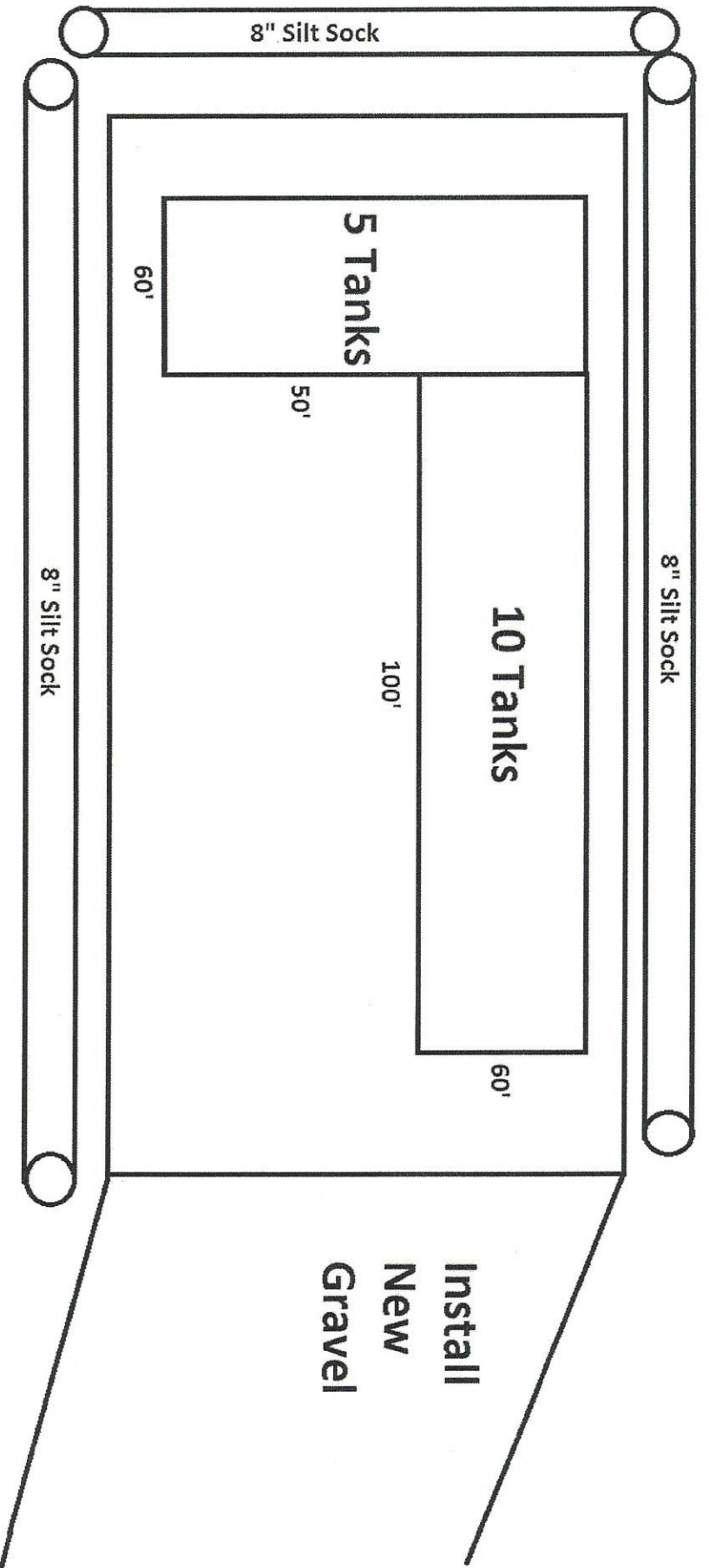


(Notary Public)



CMS 43 Location





Title: CMS HRP Site





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

