

**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

Rec'd  
6-02-2014

<b>1. Name of Applicant:</b> <u>CMS OIL FIELD SERVICES</u> <b>Phone #:</b> <u>740 969-7243</u>	
<b>Address:</b> <u>65900 BANNOCK ROAD</u>	
<b>Date:</b> <u>5/30/2014</u> <b>eMail Address:</b> <u>CRHALGAS@CMSOILFIELDSERVICES.COM</u>	
<b>For an Order or a Permit to Operate:</b> <input type="checkbox"/> Existing Facility <input checked="" type="checkbox"/> New Facility	
<b>2. PURPOSE OF FACILITY:</b> <input checked="" type="checkbox"/> Storage <input type="checkbox"/> Recycling <input type="checkbox"/> Treatment (Check all that Apply) <input type="checkbox"/> Processing <input type="checkbox"/> Disposal	
<b>3. TYPE OF MATERIAL:</b> <input checked="" type="checkbox"/> Brine <input checked="" type="checkbox"/> Drill Cuttings <input checked="" type="checkbox"/> Drilling Mud <input type="checkbox"/> Other Waste Substance (explain) <u>flow back/ Production water and fresh water, SAND</u>	
<b>4. If a Business Entity, list the statutory agent and include a certified copy of their appointment:</b> <b>Name:</b> <u>Christopher R Halgas</u> <b>Address:</b> <u>301 COMMERCE ROAD MOORESTOWN NEW JERSEY</u>	
<b>5. Engineer of Record:</b> <b>Name:</b> _____ <b>Address:</b> _____ <b>Ohio Professional Engineering License Number:</b> _____	
<b>6. Address of Facility:</b> <b>Address:</b> <u>1278 STATE RT 43</u> <b>County:</b> <u>JEFFERSON</u> <b>Township:</b> <u>WINTERSVILLE</u> <b>Municipal Corporation:</b> <u>JEFFERSON</u> <b>Latitude:</b> <u>40.415914</u> <b>Longitude:</b> <u>-80.743186</u>	
<b>7. Write a brief description of the facility and operations:</b> <u>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 APPROVED LANDFILLS AND DEEP WELL INJECTION ARE APPROVED OR ABLE TO TAKE SAID MATERIALS</u>	
<b>8. Include all information as set forth in the "Guidelines for Application for Chief's Order". Attach Additional Documents</b>	

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 President/Owner

Sworn to and subscribed before me this the \_\_\_\_\_ day of 5/30, 20 14.

*needs notarized*

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(Date Commission Expires)







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





WEST

800 ft

Triple 18" Silt Sock

SOUTH

180 ft

8 Tank  
Containment

80'

8-500 bbl Frac- tanks totaling 4,000 bbl storage  
under containment

Inbound rt 43 north turn west left into driveway

Out bound east out of driveway heading south rt 43

60'

Restoned Area

out

In

EAST

CMS 43 Location

NORTH

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



CMS Oil Field Services  
69500 Bannock Rd.  
St. Clairsville, OH 43950  
Phone: 888-532-2281

Ticket No.

7564

### Water Tracking

Driver (Print) \_\_\_\_\_

Date \_\_\_\_\_

Truck/Unit # \_\_\_\_\_

### Customer

Well Owner \_\_\_\_\_

Address \_\_\_\_\_

Start Time \_\_\_\_\_

SOURCE \_\_\_\_\_

Source Arrival Time \_\_\_\_\_

Well ID # \_\_\_\_\_

Load Time \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

Dest. Arrival Time \_\_\_\_\_

Unload Time \_\_\_\_\_

DESTINATION \_\_\_\_\_

Well ID # \_\_\_\_\_

End Time \_\_\_\_\_ NA ☐

County \_\_\_\_\_ State \_\_\_\_\_

Total Hours \_\_\_\_\_

Tank # \_\_\_\_\_

### Water Type

☐ Fresh/Completion

☐ Fresh/Construction

☐ Fresh/Drilling

☐ Pit/Completion

☐ Other \_\_\_\_\_

Total BBLS \_\_\_\_\_

Total Gallons \_\_\_\_\_

Disposal Site \_\_\_\_\_

☐ Pit/Drilling

☐ Produced/Produced (Disposal)

☐ Recycled/Completion

☐ Recycled/Drilling

☐ NA

### Description of Work

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized/Approved By \_\_\_\_\_

Date \_\_\_\_\_

Operator Signature \_\_\_\_\_