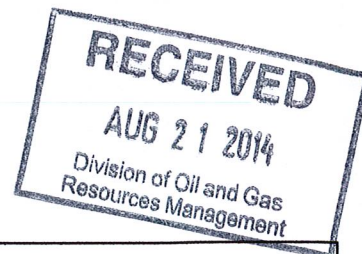


**APPLICATION TO OPERATE A FACILITY**  
OHIO DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL AND GAS RESOURCES MANAGEMENT  
2045 MORSE ROAD, BUILDING F-2  
COLUMBUS, OHIO 43229-6693  
(614) 265-6922



1. Name of Applicant: Dynamic Structures, Inc., dba ClearCreek Phone #: 330-892-0164  
Address: 3790 State Route 7, New Waterford, OH 44445  
Date: 8-18-14 eMail Address: tom@dynamicstructuresinc.com  
For an Order or a Permit to Operate: ☐ Existing Facility ☒ New Facility

2. PURPOSE OF FACILITY: ☐ Storage ☐ Recycling ☒ Treatment  
(Check all that Apply) ☒ Processing ☐ Disposal

3. TYPE OF MATERIAL:  
☒ Brine ☒ Drill Cuttings  
☒ Drilling Mud ☐ Other Waste Substance (explain) \_\_\_\_\_

4. If a Business Entity, list the statutory agent and include a certified copy of their appointment:  
Name: Scott McCrea  
Address: 10592 State Route 170, Negley OH 44441

5. Engineer of Record:  
Name: N/A  
Address: \_\_\_\_\_  
Ohio Professional Engineering License Number: \_\_\_\_\_

6. Address of Facility:  
Address: 44592 State Route 14 Unit B, Columbiana, Ohio 44408  
County: Columbiana  
Township: Fairfield Township  
Municipal Corporation: Columbiana  
Latitude: 40 degrees, 53' 10.0788"  
Longitude: -80 degrees 39' 11.865"

7. Write a brief description of the facility and operations: Trucks and trailers used to haul brine, drilling mud, and drill cuttings  
are washed inside so that they may be used for each purpose. See attached documentation regarding application and required  
documentation.

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) Tom Beckham

Title Controller

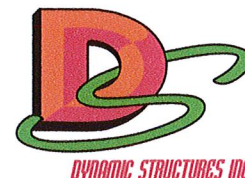
Sworn to and subscribed before me this the 18th

day of August, 20 14.



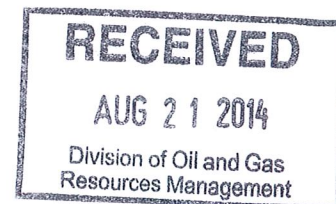
DIANE DAY  
NOTARY PUBLIC  
IN AND FOR THE STATE OF OHIO  
MY COMMISSION EXPIRES  
MAY 18TH, 2015

Diane Day  
(Notary Public)  
Diane Day  
May 18, 2015  
(Date Commission Expires)



August 20, 2014

ODNR  
Division of Oil and Gas Resources Management  
2045 Morse Road, Building F-2  
Columbus, OH 43229-6693



To Whom it May Concern;

Attached you will find two copies of "Application to Operate a Facility" (Form DNR 1509.22). Each copy contains all necessary attachments.

Should you require any additional information or clarifications, please email me at [tom@dynamicstructuresinc.com](mailto:tom@dynamicstructuresinc.com) or call at 330-892-0164, ext 101.

Also, the instructions on the website request an "electronic copy" of the application. To whom may I email this?

Lastly, I understand new regulations are being promulgated and I wish to request a copy of them so that we can ensure our compliance. These can be emailed to the aforementioned email address.

Thank you for your time and consideration in this matter.

Sincerely,

Tom Beckham,  
Controller

TPB/dak

Att.

cc: File

05023-0841

**ORIGINAL APPOINTMENT OF AGENT  
OF****DYNAMIC STRUCTURES, INC.**

The undersigned, being all of the incorporators of **DYNAMIC STRUCTURES, INC.**, hereby appoint Scott McCrea, a natural person resident in this state, as its agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

Scott McCrea  
10592 State Route 170  
Negley, Ohio 44441

Dated: December 28<sup>th</sup>, 1994.

  
SCOTT MCCREA

**ACCEPTANCE****GENTLEMEN:**

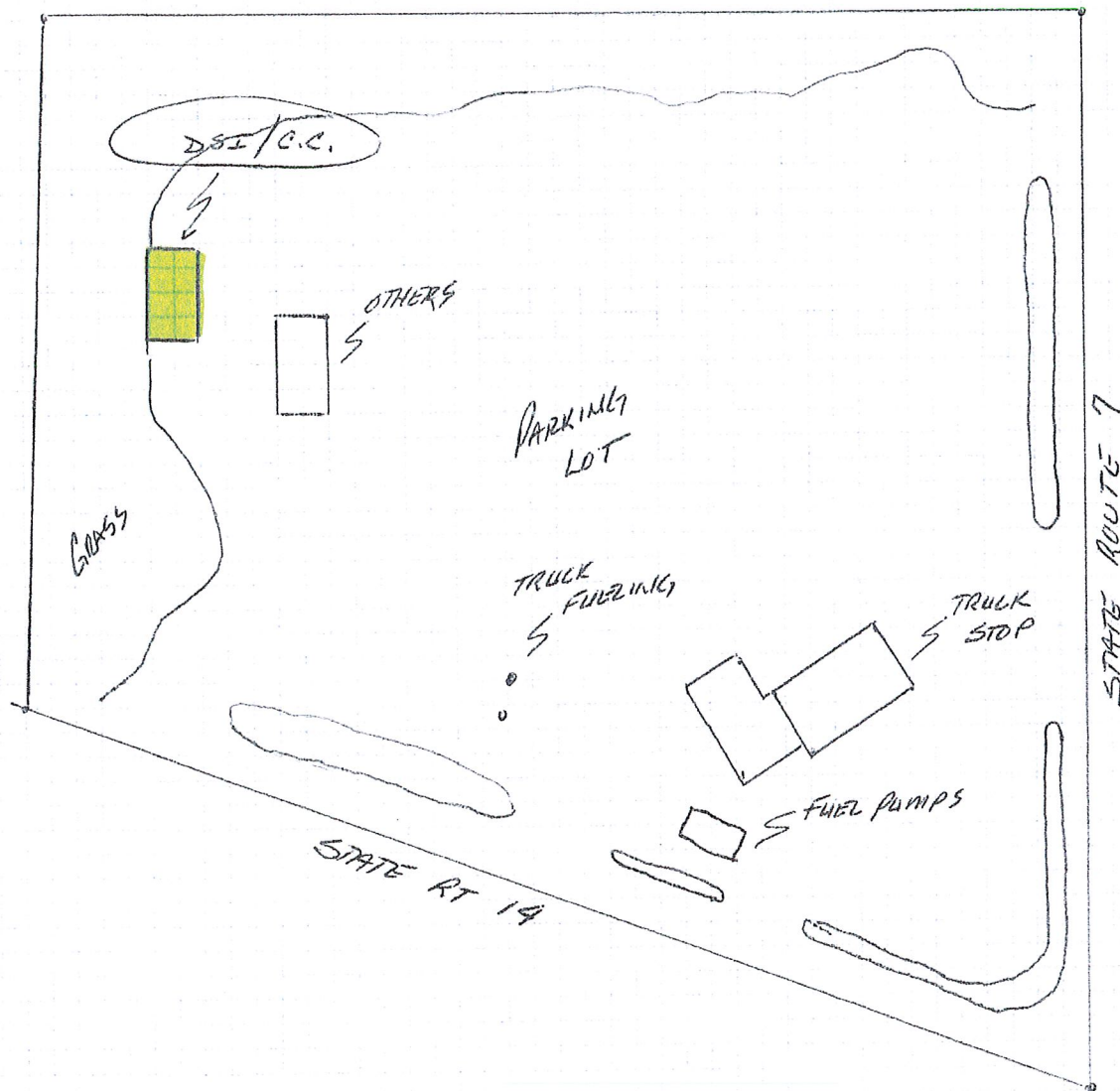
I hereby accept appointment as Statutory Agent of **DYNAMIC STRUCTURES, INC.**, upon whom service of process may be made in this State.

28 Dec 1994  
Date

  
SCOTT MCCREA



Customer/Job: 7814 PROPERTY LAYOUT  
Date: 6/4/14  
Author: GRM



SCALE 1" = 128'

Notes:

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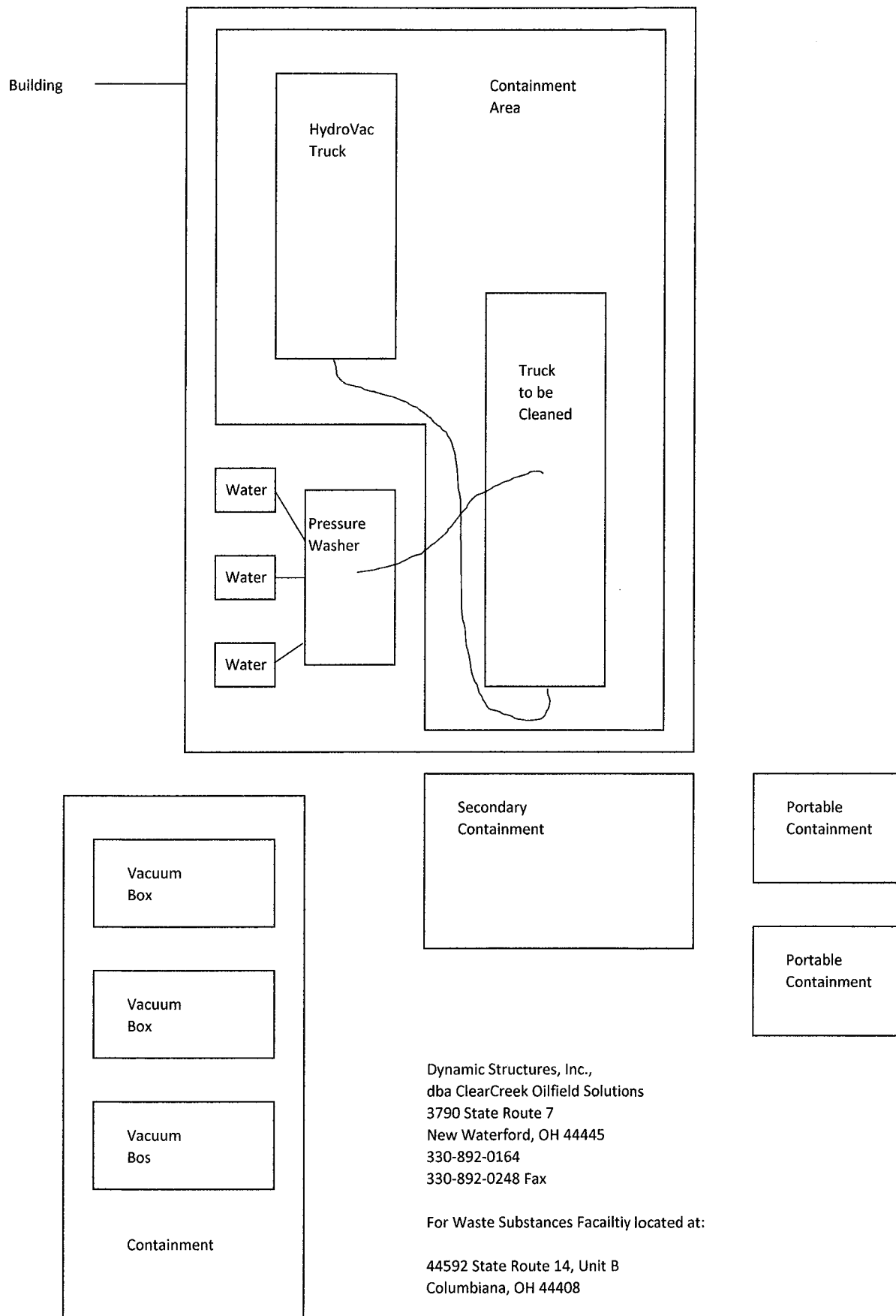
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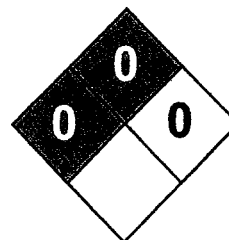
Google earth







**Science Lab.com**  
Chemicals & Laboratory Equipment



3c

Health	0
Fire	0
Reactivity	0
Personal Protection	A

## Material Safety Data Sheet

### Water MSDS

#### Section 1: Chemical Product and Company Identification

**Product Name:** Water

**Catalog Codes:** SLW1063

**CAS#:** 7732-18-5

**RTECS:** ZC0110000

**TSCA:** TSCA 8(b) inventory: Water

**CI#:** Not available.

**Synonym:** Dihydrogen oxide

**Chemical Name:** Water

**Chemical Formula:** H<sub>2</sub>O

**Contact Information:**

**Sciencelab.com, Inc.**

14025 Smith Rd.

Houston, Texas 77396

US Sales: **1-800-901-7247**

International Sales: **1-281-441-4400**

Order Online: ScienceLab.com

**CHEMTREC (24HR Emergency Telephone), call:**  
1-800-424-9300

**International CHEMTREC, call:** 1-703-527-3887

**For non-emergency assistance, call:** 1-281-441-4400

#### Section 2: Composition and Information on Ingredients

**Composition:**

Name	CAS #	% by Weight
Water	7732-18-5	100

**Toxicological Data on Ingredients:** Not applicable.

#### Section 3: Hazards Identification

**Potential Acute Health Effects:**

Non-corrosive for skin. Non-irritant for skin. Non-sensitizer for skin. Non-permeator by skin. Non-irritating to the eyes. Non-hazardous in case of ingestion. Non-hazardous in case of inhalation. Non-irritant for lungs. Non-sensitizer for lungs. Non-corrosive to the eyes. Non-corrosive for lungs.

**Potential Chronic Health Effects:**

Non-corrosive for skin. Non-irritant for skin. Non-sensitizer for skin. Non-permeator by skin. Non-irritating to the eyes. Non-hazardous in case of ingestion. Non-hazardous in case of inhalation. Non-irritant for lungs. Non-sensitizer for lungs. CARCINOGENIC EFFECTS: Not available. MUTAGENIC EFFECTS: Not available. TERATOGENIC EFFECTS: Not available. DEVELOPMENTAL TOXICITY: Not available.

#### Section 4: First Aid Measures

**Eye Contact:** Not applicable.

**Skin Contact:** Not applicable.

**Serious Skin Contact:** Not available.

**Inhalation:** Not applicable.

**Serious Inhalation:** Not available.

**Ingestion:** Not Applicable

**Serious Ingestion:** Not available.

### Section 5: Fire and Explosion Data

**Flammability of the Product:** Non-flammable.

**Auto-Ignition Temperature:** Not applicable.

**Flash Points:** Not applicable.

**Flammable Limits:** Not applicable.

**Products of Combustion:** Not available.

**Fire Hazards in Presence of Various Substances:** Not applicable.

**Explosion Hazards in Presence of Various Substances:** Not Applicable

**Fire Fighting Media and Instructions:** Not applicable.

**Special Remarks on Fire Hazards:** Not available.

**Special Remarks on Explosion Hazards:** Not available.

### Section 6: Accidental Release Measures

**Small Spill:** Mop up, or absorb with an inert dry material and place in an appropriate waste disposal container.

**Large Spill:** Absorb with an inert material and put the spilled material in an appropriate waste disposal.

### Section 7: Handling and Storage

**Precautions:** No specific safety phrase has been found applicable for this product.

**Storage:** Not applicable.

### Section 8: Exposure Controls/Personal Protection

**Engineering Controls:** Not Applicable

**Personal Protection:** Safety glasses. Lab coat.

**Personal Protection in Case of a Large Spill:** Not Applicable

**Exposure Limits:** Not available.

### Section 9: Physical and Chemical Properties

**Physical state and appearance:** Liquid.



**Odor:** Odorless.

**Taste:** Not available.

**Molecular Weight:** 18.02 g/mole

**Color:** Colorless.

**pH (1% soln/water):** 7 [Neutral.]

**Boiling Point:** 100°C (212°F)

**Melting Point:** Not available.

**Critical Temperature:** Not available.

**Specific Gravity:** 1 (Water = 1)

**Vapor Pressure:** 2.3 kPa (@ 20°C)

**Vapor Density:** 0.62 (Air = 1)

**Volatility:** Not available.

**Odor Threshold:** Not available.

**Water/Oil Dist. Coeff.:** Not available.

**Ionicity (in Water):** Not available.

**Dispersion Properties:** Not applicable

**Solubility:** Not Applicable

## Section 10: Stability and Reactivity Data

**Stability:** The product is stable.

**Instability Temperature:** Not available.

**Conditions of Instability:** Not available.

**Incompatibility with various substances:** Not available.

**Corrosivity:** Not available.

**Special Remarks on Reactivity:** Not available.

**Special Remarks on Corrosivity:** Not available.

**Polymerization:** Will not occur.

## Section 11: Toxicological Information

**Routes of Entry:** Absorbed through skin. Eye contact.

**Toxicity to Animals:**

LD50: [Rat] - Route: oral; Dose: > 90 ml/kg LC50: Not available.

**Chronic Effects on Humans:** Not available.

**Other Toxic Effects on Humans:**

Non-corrosive for skin. Non-irritant for skin. Non-sensitizer for skin. Non-permeator by skin. Non-hazardous in case of ingestion. Non-hazardous in case of inhalation. Non-irritant for lungs. Non-sensitizer for lungs. Non-corrosive to the eyes. Non-corrosive for lungs.

**Special Remarks on Toxicity to Animals:** Not available.

Dynamic Structures, Inc.,  
dba ClearCreek Oilfield Solutions  
3790 State Route 7  
New Waterford, OH 44445  
330-892-0164  
330-892-0248 Fax

For Waste Substances Facility located at:

44592 State Route 14, Unit B  
Columbiana, OH 44408

#### ESTIMATED VOLUME OF MATERIALS TO BE MANAGED

Daily	120	Barrels
Monthly	3,600	Barrels
Annually	43,800	Barrels

Dynamic Structures, Inc.,  
dba ClearCreek Oilfield Solutions  
3790 State Route 7  
New Waterford, OH 44445  
330-892-0164  
330-892-0248 Fax

#### Truck Washing Facility Process Steps

1. Pull truck into building onto containment area
2. Ensure all staff have proper safety equipment on
3. Open hatch and take Air Reading
4. Enter Air Reading onto proper form
5. Turn on pressure washer
6. Cleaning person enters truck through hatch
7. Hole watch person hands equipment to Cleaning person
8. Clean solids out then pressure wash inside of truck
9. All waste is vacuumed into HydroVac Truck
10. Upon completion of cleaning, Cleaning person hands equipment to Hole Watch person
11. Cleaning person exits truck through hatch
12. Pressure washer is turned off
13. When HydroVac Truck is full of waste, the waste is to be transferred to Water Bottle Truck
14. When Water Bottle is full, it is transported to a licensed waste water treatment facility





## TRUCK / BOX CLEANING FORM

DATE: \_\_\_\_\_

TRUCK / BOX # \_\_\_\_\_

TRUCK BOX from Well Site: \_\_\_\_\_

CONSOL / NOBLE / REX ENERGY / NORTHEAST NATURAL / INLAND / OTHER: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_ TOTAL NO. OF EMPLOYEES TO COMPLETE: \_\_\_\_\_

NAMES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EQUIPMENT USED: \_\_\_\_\_

EQUIPMENT RENTED: Yes or No FROM WHAT COMPANY: \_\_\_\_\_

DISPOSAL OF: Liquid or Solid DISPOSED OF AT: WM / SRI / ELKRUN / WESTMORELAND

OTHER: \_\_\_\_\_

TOTAL TONNAGE DISPOSED: \_\_\_\_\_ (Tons) – attach manifest to form

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Confined Space Entry Permit

Entry Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Completion Time: \_\_\_\_\_

Description of Work to be Performed: \_\_\_\_\_

## Description of Space

Confined Space ID Number: \_\_\_\_\_ Type: \_\_\_\_\_ Classification \_\_\_\_\_

Building Name \_\_\_\_\_

Location of Confined Space: \_\_\_\_\_

## Entry Checklist

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Potential Hazards Identified?                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Communications Established with Operations Center | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Emergency Procedures Reviewed?                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Entrants and Attendants Trained?                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Isolation of Energy Completed?                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Area Secured?                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Emergency Escape Retrieval Equipment Available    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Personal Protective Equipment Used?               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## Confined Space Equipment and PPE Used During Entry:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Tripod with Mechanical Winch        | <input type="checkbox"/> Air Purifying Respirator               | <input type="checkbox"/> Gloves                      |
| <input type="checkbox"/> Rescue Tripod with Lifeline         | <input type="checkbox"/> Self Contained Breathing Apparatus     | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> Harness                             | <input type="checkbox"/> Steel Toe Boots                        | <input type="checkbox"/> Hearing Protection          |
| <input type="checkbox"/> Two-Way Communications              | <input type="checkbox"/> Hard Hat                               |  |
| <input type="checkbox"/> General / Local Exhaust Ventilation | <input type="checkbox"/> Safety Glasses / Goggles / Face Shield | Other PPE or Equipment Used: _____                   |

## Air Monitoring Results Prior to Entry

Monitor Type: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Oxygen \_\_\_\_\_ % LEL \_\_\_\_\_ % CO \_\_\_\_\_ % H2S \_\_\_\_\_ %

Calibration Performed? ☐ YES ☐ NO Initials \_\_\_\_\_

Alarm Conditions? ☐ YES ☐ NO

Monitoring Performed by (sign): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Continuous Air Monitoring Results

Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H2S _____ %
Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H2S _____ %
Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H2S _____ %
Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H2S _____ %

## Authorization

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "NO" column. This permit is not valid unless all appropriate items are completed. This permit is to be kept at the job site. Return site copy to supervisor.

Entrants Name _____	Signature: _____	Date: _____
Attendants Name _____	Signature: _____	Date: _____
Supervisors Name: _____	Signature: _____	Date: _____