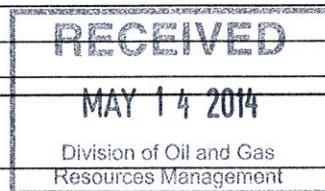


APPLICATION TO OPERATE A FACILITY
OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS RESOURCES MANAGEMENT
2045 MORSE ROAD, BUILDING F-2
COLUMBUS, OHIO 43229-6693
(614) 265-6922

1. Name of Applicant: <u>Ohio Valley Towing</u> Phone #: <u>330-339-0030</u>	
Address: <u>238 18th St NE New Philadelphia, OH 44663</u>	
Date: <u>5/14/14</u> eMail Address: <u>sue@kmahauling.com</u>	
For an Order or a Permit to Operate: <input checked="" type="checkbox"/> Existing Facility <input type="checkbox"/> New Facility	
2. PURPOSE OF FACILITY: <input checked="" type="checkbox"/> Storage <input type="checkbox"/> Recycling <input type="checkbox"/> Treatment (Check all that Apply) <input checked="" type="checkbox"/> Processing <input type="checkbox"/> Disposal <u>TANK wash out</u>	
3. TYPE OF MATERIAL: <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Drill Cuttings <input checked="" type="checkbox"/> Drilling Mud <input checked="" type="checkbox"/> Other Waste Substance (explain) <u>Cement</u>	
4. If a Business Entity, list the statutory agent and include a certified copy of their appointment: Name: <u>N/A</u> Address: _____	
5. Engineer of Record: Name: <u>N/A</u> Address: _____ Ohio Professional Engineering License Number: _____	
6. Address of Facility: Address: <u>2232 Goshen Valley Dr SE New Philadelphia, OH 44663</u> County: <u>Tuscarawas</u> Township: <u>Goshen</u> Municipal Corporation: <u>New Philadelphia</u> Latitude: _____ Longitude: _____	
7. Write a brief description of the facility and operations: <u>Clean out facility for residue that is left in tanks. Solidify material with stabilizing agent and haul to landfill with provided MSDS.</u> _____ _____ _____	
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 Michael W Smitley

Name (Type or Print) Michael W Smitley Title owner

Sworn to and subscribed before me this the 14 day of May, 2014.



BARBARA A. JABERG
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES
JULY 18, 2016

Barbara A. Jaberg
(Notary Public)

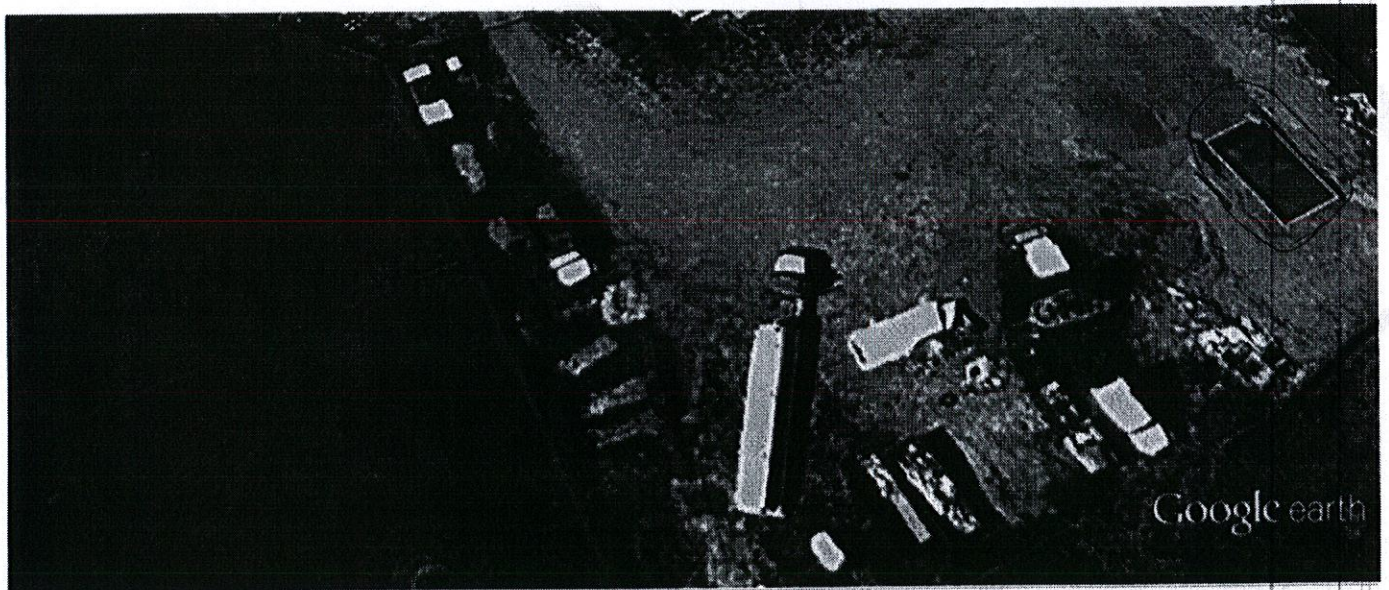
(Date Commission Expires)

3) Detailed explanation of the proposed process:

- A. General process flow schematics:** Back up truck to the pit, wash-out truck into the pit, solidify with stabilizing agent and take to the landfill.
- B. Overall and individual unit design flows and storage capacities:** 17x27x6ft deep.
- C. Disclosure of chemical reagents and MSDS and a description of their functions:** We steam clean only, we do not add any chemicals.

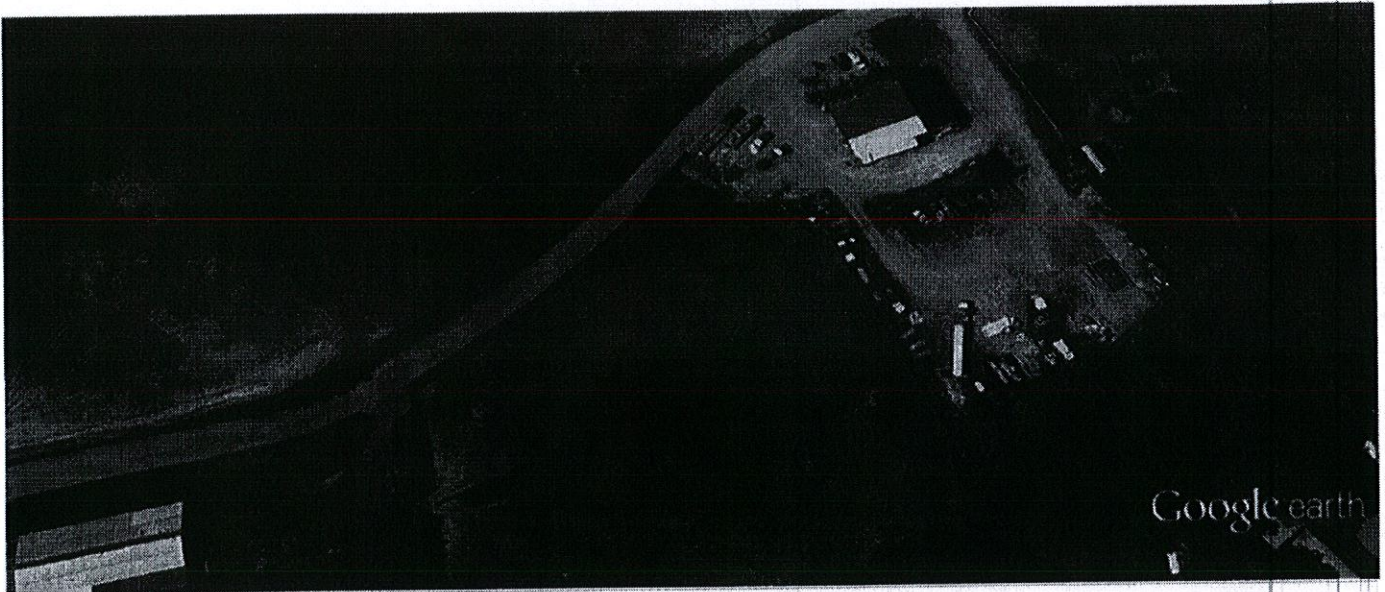
4) Estimated volume of materials to be managed by the facility daily, weekly, monthly, annually: 10 per month

5) Methods of documenting the type and volume of materials received, reused, and the disposition of materials from the facility: Landfill MSDS is attached.



Temporary Places

Highlighted facility



Temporary Places

Highlighted facility

\$26.00 @ Ton

\$6.00 government fees

\$32.00 @ Ton

approved by
By Scott

KIMBLE SANITARY LANDFILL

SPECIAL WASTE DISPOSAL APPLICATION

KMA-2014-001-S
PAGE 1 of 2

WASTE STREAM

a) Generator's name: KMA Heavy Hauling
b) USEPA ID number: _____
c) Address: 238 18th St. N.E.
New Phila
OH 44163
d) Company contact: Sue Yanasik
Title: Manager
e) Telephone number: (330) 339-0030
After hours number: (330) 987-3164
Fax number: (330) 339-0034
E-mail address: Sue@KmaHauling.com

Kimble contact:
Location:
Date:

Cliff Engle
Dover, OH

Telephone:
Fax number:

(330) 343-1226
(330) 602-0517

a) Common waste name: HAS-40 MUD Slurry

b) Process generating waste: WASH and PIT

c) Is this a Hazardous Waste as defined by Federal Statutes, Regulations, Ordinances or other law? ☐ yes, or ☒ no
Deleted Waste? ☐ yes, or ☒ no
Treated Hazardous Waste? ☐ yes, or ☒ no
Excluded Waste? ☐ yes, or ☒ no
Treated Characteristic Waste? ☐ yes, or ☒ no
d) Does your facility generate any hazardous waste anywhere in the facility? ☐ Yes ☒ No? If Yes, what type of hazardous waste is generated? _____
non-hazardous waste being shipped? _____

e) Does this waste contain any radioactive material? ☐ yes, or ☒ no
f) Is this waste from a State or Federally mandated cleanup? ☐ yes, or ☒ no
g) Does this waste contain any untreated, regulated or infectious waste? ☐ yes, or ☒ no
h) Does this waste contain any asbestos? ☐ yes, or ☒ no
i) Recommended personal protective equipment and special handling procedures: _____
j) Anticipated Volume: 60 Tons 3 times a year
Frequency: 60 tons per day, wk, mo., year, one-time

k) Method of shipment: ☒ bulk ☐ drum

Transporter name: KMA Heavy Hauling

a) Physical state: ☒ solid ☐ semi-solid
☐ liquid ☐ other

b) Odor, describe: _____

Odors are: ☐ none ☒ mild
☐ strong

c) Flash point (oF): None

d) Free liquids: ☐ yes ☒ no

e) Minimum % solids: _____

f) Density Range: to

g) Color(s), describe: Brown

h) pH (standard units): to

i) Layers: ☐ single ☐ # if multilayer

Waste Contains:	Yes	No
Asbestos material		<input checked="" type="checkbox"/>
Medical waste		<input checked="" type="checkbox"/>
Infectious material		<input checked="" type="checkbox"/>
Ignitable material		<input checked="" type="checkbox"/>
Is Corrosive		<input checked="" type="checkbox"/>
Is Reactive		<input checked="" type="checkbox"/>
Is TCLP toxic		<input checked="" type="checkbox"/>
Is Explosive		<input checked="" type="checkbox"/>
Is Radioactive		<input checked="" type="checkbox"/>
Generates a gas		<input checked="" type="checkbox"/>
Special handling		<input checked="" type="checkbox"/>
Unstable		<input checked="" type="checkbox"/>

APPROVED BY: _____

DATE: 4/23/14

page 2 of 2

WATER FILLS

Min %	80	Max %
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40	
30	
20	
30	
100	

Category	Total Number	DC:P Count
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Please attach all laboratory information, X-rays, chest and all other pertinent information to further characterize your work.

By signing this application I certify that:

- 1.) I am the legal proprietor of the waste described above and am authorized to prepare and submit this application on behalf of the generator.
- 2.) The analytical data presented was derived from testing of a representative sample of the waste.
- 3.) This waste is not a regulated Hazardous Waste as defined by any Federal, State or Local law.
- 4.) This waste is not a regulated substance of PCBs, asbestos or Polynuclear aromatic hydrocarbons.
- 5.) This waste does not contain regulated quantities of PCBs, asbestos or Polynuclear aromatic hydrocarbons.
- 6.) The composition and its characteristics comply with, current and accurate descriptions of the waste.
- 7.) The laboratory data used to support the validity of the data submitted has been obtained from a nationally representative sample of analysis the same waste that will be submitted to Kinetic Limited for other testing or disposal and analyzed according to 40 CFR 301 and all other applicable statutes, regulations, orders and guidelines.
- 8.) Changes that occur in the character of this waste (changes in process or analysis) will be communicated by the Generator and discussed with Kinetic Limited before re-submitting the waste to Kinetic.

7. Check all that apply:
 Absorbed analytical particles in the waste. Laboratory identification of the sample is
 Additional information necessary to characterize the waste has been obtained (other than analysis).
 I am the agent signing on behalf of the Generator and the delegating of authority to me from the Generator for this
 By Generator knowledge of the waste, the waste shown is not a listed waste or a characteristic waste and is hence

Signature: Mike Smitley manager

Date: 2-21-14



MATERIAL SAFETY DATA SHEET

SECTION 1 - PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: **ABS-40 MUD/SLURRY**

PRODUCT DESCRIPTION: Synthetic Non Aqueous Drilling Fluid

MSDS NUMBER: 6014

MANUFACTURER: Fluids Management, LTD
11767 Katy Freeway, Suite 230
Houston, TX 77079
281-556-5628 (Sales & Information)

EMERGENCY TELEPHONE: CHEMTREC 800-424-9300 (24-hour Emergency)

DATE PREPARED: February 17, 2011

SECTION 2 - COMPOSITION INFORMATION ON INGREDIENTS

COMPONENT	CAS NUMBER	PERCENT	HAZARDOUS
Mixture of ABS-40 products, water, lime, calcium chloride, and barite.	Trade Secret	100%	No

This material is classified as hazardous under OSHA regulations.

SECTION 3 - HAZARD IDENTIFICATION

EMERGENCY OVERVIEW:
Viscous liquid with mild odor. May cause skin, eye, and minor lung irritation. If an oil mist is generated from use of this product, overexposure can cause irritation to the eyes, skin and especially lungs. Not a known carcinogen.

POTENTIAL HEALTH EFFECTS:
EYE: May cause minor irritation.
SKIN: May cause minor irritation.
INGESTION: May cause minor irritation
INHALATION: May cause minor irritation
CHRONIC EFFECTS: None.

POTENTIAL ENVIRONMENTAL EFFECTS:
No Data Available.

SECTION 4 - FIRST AID MEASURES

EYE: Flush eyes with water for at least 15 minutes. If irritation persists, seek medical attention.
SKIN: Wash with soap and water. If irritation persists, seek medical attention.
INGESTION: Not normally a hazard. Material does present a potential aspiration hazard. If swallowed, do not induce vomiting. Immediately give 2 glasses of water. If vomiting occurs naturally, have victim lean forward to reduce the risk of aspiration.
INHALATION: Not normally a hazard. If symptoms exist, remove to fresh air. Seek medical attention if symptoms persists.

SECTION 5 - FIRE FIGHTING MEASURES

FLASH POINT & METHOD: Not Available
FLAMMABLE LIMITS: Not Available
AUTOIGNITION TEMPERATURE: Not Available
FLAMMABILITY CLASS: Combustible Class III-B

EXTINGUISHING MEDIA: Water spray, dry chemical, foam, CO2

PROTECTION OF FIREFIGHTERS: Use water to cool fire-exposed containers. Wear self-contained breathing apparatus and eye protection. Isolate fuel source if possible.

SECTION 6 - ACCIDENTAL RELEASE MEASURES

CONTAINMENT: Remove any sources of heat, sparks or flame. Use appropriate personal protective equipment. Dike the spill. Prevent material from entering sewers, waterways or other low areas.

CLEAN-UP & DISPOSAL: Place in suitable containers for disposal or recycling. Can be soaked up with sawdust, sand, oil dry, or other absorbent material.

SECTION 7 - HANDLING AND STORAGE

HANDLING: Avoid breathing vapors and mist. Avoid prolonged contact. Wash thoroughly after handling. Close containers after each use. Do not exposures to flames, sparks or extreme heat.

STORAGE: Store in a well ventilated, cool, dry place. Store away from oxidizers, sparks, and extreme heat.

SECTION 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

ENGINEERING CONTROLS: Provide normal shop ventilation.

PERSONAL PROTECTIVE EQUIPMENT:

EYE/FACE PROTECTION: Safety glasses or chemical goggles if exposed to product.

SKIN PROTECTION: Wear protective clothing. Use barrier cream. Avoid prolonged contact. Wash exposed areas thoroughly. Change soiled clothing as soon as possible.

RESPIRATORY PROTECTION: Not normally necessary. When excessive airborne levels of mists or vapors exists, use a NIOSH-approved respirator appropriate for the exposure.

EXPOSURE GUIDELINES:

COMPONENT
oil mist

CAS NUMBER

OSHA TWA
5 mg/m3

OSHA STEL

ACGIH TWA
5 mg/m3

ACGIH STEL
10 mg/m3

SECTION 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE: opaque viscous liquid

ODOR: none

PHYSICAL STATE: liquid

pH: Not Available

VAPOR PRESSURE (mm Hg): Not Available

VAPOR DENSITY (air = 1): Not Available

BOILING POINT: >450°F

FREEZING POINT: Not Available

SOLUBILITY IN WATER: Negligible

SPECIFIC GRAVITY (water = 1): variable

ANILINE POINT: 180.3° Fahrenheit

SECTION 10 - STABILITY AND REACTIVITY

STABILITY: Stable at normal temperature and conditions.

CONDITIONS TO AVOID: Heat, sparks and flames.

MATERIALS TO AVOID (INCOMPATABILITY): Strong oxidizers.

HAZARDOUS DECOMPOSITION PRODUCTS: Normal combustion forms carbon dioxide. Incomplete combustion may form carbon monoxide.

HAZARDOUS POLYMERIZATION: Will not occur.

Date Prepared: February 17, 2011

Product: ABS-40 MUD/SLURRY

Page 2 of 3

SECTION 11 - TOXICOLOGICAL INFORMATION

Not a known carcinogen. No other data available.

SECTION 12 - ECOLOGICAL INFORMATION

No data available.

SECTION 13 - DISPOSAL CONSIDERATIONS

Not classified as RCRA Hazardous.
RCRA WASTE NUMBER: Not Applicable

SECTION 14 - TRANSPORT INFORMATION

DEPARTMENT OF TRANSPORTATION: Not Regulated
SHIPPING NAME: Not Applicable
HAZARD CLASS: Not Applicable
IDENTIFICATION NUMBER: Not Applicable
PACKING GROUP: Not Applicable

SECTION 15 - REGULATORY INFORMATION

TSCA (TOXIC SUBSTANCES CONTROL ACT): All components of this product are listed on the TSCA Inventory.
CERCLA (COMPREHENSIVE EMERGENCY RESPONSE, COMPENSATION AND LIABILITY ACT): Product does not contain any chemicals subject to the reporting requirements of CERCLA.

SARA TITLE III:

SECTION 302 EXTREMELY HAZARDOUS SUBSTANCES: No listed components.

SECTION 311/312 HAZARD CATEGORIES: Immediate Health Hazard

SECTION 313 TOXIC CHEMICALS: None

SECTION 16 - OTHER INFORMATION

NFPA RATING: HEALTH:
FLAMMABILITY:
REACTIVITY:



Do not handle or use until precautions on MSDS are read and understood. The information on this form is furnished solely for the purpose of enabling those who transport, handle or use our products to ensure the safety and health of their employees and to comply with various laws and regulations (federal, state and local). We believe the statements, technical information and recommendations contained herein are reliable but, they are given without warranty or guarantee of any kind, express or implied and we assume no responsibility for any loss, damage, direct or consequential, arising out of their use.

Date Prepared: February 17, 2011

Product: ABS-40 MUD/SLURRY

Page 3 of 3