



Enclosed are copies of the forms pertaining to the transportation of brine in Ohio. The forms included are:

1. Application for Brine Transporter Registration or Modification of Disposal Plan:

Any person or entity that transports brine in this state must register with and obtain a registration certificate and identification number from the Chief.

The application must include:

- A \$500.00 non-refundable application fee.
- A surety bond, certificate of deposit (CD), or a cashier's check for the amount of \$15,000.00. (Bonding company MUST be authorized to do business in Ohio.)
- A plan for Disposal.
- A certificate issued by an insurance company that states that the applicant has in force liability insurance coverage of \$300,000.00 for bodily injury and \$300,000.00 for property damage coverage.

The Chief may deny an application for a registration certificate if:

- A. The applicant has been found liable by court for damage to streets, roads, highways, bridges, culverts or driveways until the applicant provides evidence of compliance with the order.
- B. The applicant's disposal plan does not provide compliance with the chapter 1509 of the Ohio Revised Code and rules of the Chief pertaining to the transportation of brine.

A registered transporter must list all sources and disposal sites of brine currently transported on the disposal plan. A registered transporter must apply to the division to revise a disposal plan.

No transporter can attempt to circumvent the above requirements by applying under a different name or business organization, by transferring responsibility to another person or entity or by any similar act. Any violation of the terms of registration may result in civil penalties. Knowingly violating the registration application plan may leave the violator liable for resulting damages.

2. Transporter Daily Log Samples (see attached): Each registered transporter must maintain a daily log on each vehicle which details:

- The name of the owner(s) of the well(s) producing the brine to be transported.
- The date and time the brine is loaded.
- The name of the driver.
- The amount of brine loaded at each collection point.
- The disposal location.
- The date and time the brine is disposed of.
- The amount of brine disposed of at each location.

The driver of the vehicle must have the daily log available upon request of the Chief or an authorized representative of the Chief or peace officer. Violations involving the transporter's log may result in civil penalties.



3. **Surety Bond for Brine Transportation System:** Before being issued a registration certificate, an applicant must execute and file with the Division of Oil & Gas Resources Management a surety bond, cashier's check, or a negotiable certificate of deposit for \$15,000.00 to provide compensation for damages resulting from transporter's violation of Sections 1509.22, 1509.222, or 1509.223 of the Ohio Revised Code. The surety bond must be executed by a surety company authorized to do business in Ohio. No bond shall be approved unless there is an attached certificate of compliance signed by the Superintendent of Insurance stating that a company is authorized to transact a fidelity and surety business in Ohio.

If a registered transporter is found liable for a violation of Sections 1509.22, 1509.222, or 1509.223 of the Ohio Revised Code, the court may order the forfeiture of all or part of the bond as full or partial payment of damages, the Chief shall not release the bond except by court order of until two years after the termination of a registration certificate.

4. **The Brine Hauler Annual Report:** Each registered transporter must file with the Chief of the Division of Oil & Gas Resources Management by April 15th of each year. The annual report consists of:
- Quantities of brine transported.
 - The source of the brine
 - The delivery point.

Failure to submit an annual report may result in an administrative order and/or civil penalties. The format of the brine hauler annual report may be altered to accommodate data entry; however, the information required will remain the same.

If you have any questions, please contact me at (614)265-6923.

Sincerely,

Jennifer Gingras
Underground Injection Control (UIC) Section
Division of Oil & Gas Resources Management
2045 Morse Rd. Building F-2
Columbus, Ohio 43229-6693

Enclosure



OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL & GAS RESOURCES MANAGEMENT
2045 MORSE RD., F-2, COLUMBUS, OH 43229-6693 • (614) 265-6922



BRINE HAULERS PROOF OF INSURANCE REQUIREMENTS

(REV913)

Section 1509.222 of the Ohio Revised Code states in part, “a certificate issued by an insurance company authorized to do business in this state certifying the applicant has in dollars bodily injury coverage and three hundred thousand dollars property damage coverage to pay damages for injury to persons or property caused by the collecting, handling, transportation, or disposal of brine. The policy shall be maintained ineffect during the term of the registration certificate... The policy or policies providing such coverage shall require the insurance company to give notice to the Chief if the policy or policies lapse for any reason”.

PLEASE NOTE:

The insurance policy must meet the requirements of \$300,000 for bodily injury and \$300,000 for property damage. A combined single limit of \$300,000 for bodily injury/property damage will not meet the requirements. Combined single limits for property damage/bodily injury must equal or exceed \$600,000.

Questions concerning the insurance requirements should be directed to Erica Freeman in the Surety Section at (614) 265-6900.



OHIO DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL & GAS RESOURCES MANAGEMENT
 2045 MORSE RD., F-2, COLUMBUS, OH 43229-6693 • (614) 265-6922



ASSIGNMENT FOR CERTIFICATE OF DEPOSIT

(REV913)

FOR VALUE RECEIVED, I/We hereby assign this Certificate of Deposit unto:

STATE OF OHIO
 DIVISION OF OIL AND GAS RESOURCES MANAGEMENT

 SIGNATURE OF REGISTERED OWNER

 NAME OF OWNER (PLEASE PRINT)

 CERTIFICATE NUMBER

 ISSUE DATE

 RENEWAL TERM

 MATURITY DATE

The assignment of said Certificate of Deposit is Acknowledged and recorded on the books of the issuing office by:

 ISSUING BANK OR INSTITUTION

 ADDRESS

 SIGNATURE AND TITLE OF BANK OFFICIAL

 CITY, STATE, ZIP CODE

 TELEPHONE NUMBER

 DATE

THE ABOVE ASSIGNMENT MUST BE ON THE BACK OF ALL CERTIFICATES OF DEPOSIT OR AS AN ATTACHMENT.

NOTE: PLEASE USE BLUE INK

Please check this box to ensure a HOLD has been placed on this account for the Benefit of the State of Ohio, Division of Oil and Gas Resources Management.



**SURETY BOND FOR BRINE
 TRANSPORTATION SYSTEM (Form 18)**

(REV913)

PRINCIPAL (PRINTED NAME)	SURETY (PRINTED NAME)
State of _____	State of _____
County of _____	County of _____
The foregoing bond was acknowledged before me this	The foregoing bond was acknowledged before me this
_____ day of _____, 20__	_____ day of _____, 20__
on behalf of _____ <i>(PRINCIPAL)</i>	on behalf of _____ <i>(SURETY)</i>
by _____ <i>(AUTHORIZED AGENT)</i>	by _____ <i>(AUTHORIZED AGENT)</i>
_____ <i>(NOTARY PUBLIC)</i>	_____ <i>(NOTARY PUBLIC)</i>
_____ <i>(DATE COMMISSION EXPIRES)</i>	_____ <i>(DATE COMMISSION EXPIRES)</i>
(SEAL)	(SEAL)

A CERTIFICATE OF COMPLIANCE SIGNED BY THE SUPERINTENDENT OF INSURANCE OF OHIO, MUST BE ATTACHED TO THIS BOND. WHEN PRINCIPAL OR SURETY EXECUTES THIS BOND BY AGENT, POWER OF ATTORNEY OR OTHER EVIDENCE OF AUTHORITY MUST BE ATTACHED.



APPLICATION FOR BRINE TRANSPORTER REGISTRATION OR MODIFICATION OF DISPOSAL PLAN (Form 12)

(REV0114)

_____	_____	_____
APPLICATION	MODIFICATION	DATE

I. APPLICANT'S NAME: _____ **REGISTRATION NUMBER:** _____
(IF MODIFICATION)

DOING BUSINESS AS (TRADE NAME, IF ANY): _____

APPLICANT'S ADDRESS: _____
(STREET)

_____ (CITY) _____ (STATE) _____ (ZIP CODE)

PRINCIPAL BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE): _____
(STREET)

_____ (CITY) _____ (STATE) _____ (ZIP CODE)

COUNTY: _____ **APPLICANT'S PHONE NUMBER:** (_____) _____
(AREA CODE)

BUSINESS PHONE NUMBER (IF DIFFERENT): (_____) _____
(AREA CODE)

II. VEHICLES (ATTACH ADDITIONAL PAGES IF NECESSARY):

YEAR/MAKE	VIN NUMBER	STATE OF REGISTRATION
_____/____	_____	_____
_____/____	_____	_____
_____/____	_____	_____
_____/____	_____	_____
_____/____	_____	_____
_____/____	_____	_____
_____/____	_____	_____
_____/____	_____	_____

III. DISPOSAL METHODS AND SITES (ATTACH ADDITIONAL PAGES IF NECESSARY):

<u>SALTWATER INJECTION/ENHANCED RECOVERY</u>		<u>STORAGE, TREATMENT, PROCESSING, OR RECYCLING FACILITY</u>	
COUNTY/TOWNSHIP	PERMIT NUMBER	COUNTY/TOWNSHIP	FACILITY NAME
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____



APPLICATION FOR BRINE TRANSPORTER REGISTRATION OR MODIFICATION OF DISPOSAL PLAN (Form 12)

(REV0114)

IV. SURFACE APPLICATION POINTS:

EXAMPLE(S):

A) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES NO

B) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES NO

1) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES NO

2) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES NO

3) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES NO

4) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES NO

5) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES NO

6) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES NO

7) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES NO

8) APPLICATION POINTS: _____

COUNTY: _____ TOWNSHIP: _____ OTHER: _____

RESOLUTION APPROVED BY: _____ WRITTEN PLAN APPROVED: YES NO



BRINE TRANSPORTATION DAILY LOG

(913)

ASSIGNED TRANSPORTATION REGISTRATION NUMBER (<i>UIC#</i>):	STATE OF ORIGIN:
HAULER NAME:	
HAULER ADDRESS:	
LICENSE NUMBER OF MOTOR VEHICLE:	

DRIVER NAME (<i>FIRST & LAST</i>):	
DATE OF PICK-UP:	TIME OF PICK-UP:

ORIGIN OF BRINE (<i>PRODUCER</i>):	
ORIGIN OF BRINE (<i>STATE</i>):	ORIGIN OF BRINE (<i>COUNTY</i>):
ORIGIN OF BRINE (<i>LEASE NAME</i>):	
ORIGIN OF BRINE (<i>API WELL PERMIT NUMBER</i>):	

DISPOSAL LOCATION (<i>COUNTY</i>):	DISPOSAL LOCATION (<i>TOWNSHIP</i>):
DATE OF DISPOSAL:	TIME OF DISPOSAL:
METHOD OF DISPOSAL:	
VOLUME OF DISPOSAL:	

DRIVER'S NAME (*PRINTED*): _____ DATE: _____

DRIVER'S NAME (*SIGNATURE*): _____ DATE: _____

NOTE: Specify Disposal site by API# if Applicable. If brine is used as a dust suppressant or for ice control, indicate County or Township road or private property. Methods of disposal indicate the appropriate disposal methods; i.e. Dust suppressant, injection well, or recycling facility. If abbreviations are used on this form please define.

REQUIRED BY CHAPTER 1509.223 (c) OF THE OHIO REVISED CODE

