

UNCONVENTIONAL GAS WELL FUND USAGE REPORT

Calendar Year Reporting: 2020 SAP Vendor No.: 4201772932

County: CENTRE Name of Municipality: SPRING TOWNSHIP

County / Municipal Website: Springtownship.org

Contact Name: MICHAEL DANNEKER Title: TOWNSHIP MANAGER

Address: 1309 BLANCHARD STREET Email Address: mdanneker@springtownship.org

Address 2: _____ Telephone No.: 614-355-7543 ext: 103

City: BELLEFONTAINE State: PA Zip Code: 16823

TOTAL AMOUNT OF FUNDS RECEIVED: 1,083.67

USE OF UNCONVENTIONAL GAS WELL FUNDS

AMOUNT

USE OF UNCONVENTIONAL GAS WELL FUNDS	AMOUNT
1. Construction, reconstruction, maintenance and repair of roadways, bridges and public infrastructure.	0
2. Water, storm water and sewer systems, including construction, reconstruction, maintenance and repair	0
3. Emergency preparedness and public safety, including law enforcement and fire services, hazardous material response, 911, equipment acquisition and other services	0
4. Environmental programs, including trails, parks and recreation, open space, flood plain management, conservation districts and agricultural preservation	0
5. Preservation and reclamation of surface and subsurface waters and water supplies	0
6. Tax reductions, including homestead exclusions	0
7. Projects to increase the availability of safe and affordable housing to residents	0
8. Records management, geographic information systems and information technology	0
9. The delivery of social services	0
10. Judicial services	0
11. Deposit into the municipality's capital reserve fund if the funds are used solely for a purpose set forth in Act 13 of 2012	1,083.67
12. Career and technical centers for training of workers in the oil and gas industry	0
13. Local or regional planning initiatives under the act of July 31, 1968 (P.L. 805, No. 247), known as the Pennsylvania Municipalities Planning Code	0
14. TOTAL FUND USAGE (This amount must equal the amount entered in the "Total Amount of Funds Received" space above)	1,083.67

Calendar Year Reporting: _____

SAP Vendor No.: 4202772932

County: CENTRE

Name of Municipality: Spring Township

VERIFICATION STATEMENT

I, the undersigned, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing, if one is deemed necessary by the Public Utility Commission, in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

M P P P
Signature of Individual or Officer

2/22/2012
Date

Name of person to be contacted for additional information: MICHAEL DRANEK

Phone Number: 814-355-7543 Ext. 103

Email: m.drane@springtownship.org