

### UNCONVENTIONAL GAS WELL FUND USAGE REPORT

Calendar Year Reporting: 2012 SAP Vendor No.: 122984  
 County: Clarion Name of Municipality: Salem Township  
 County / Municipal Website: co.clarion.pa.us  
 Contact Name: Linda Spohariski Title: Secretary  
 Address: P.O. Box 70 Email Address: salemtpa@tlenetbb.net  
 Address 2: \_\_\_\_\_ Telephone No.: 814 797-2469 ext: \_\_\_\_\_  
 City: Lamar-tine State: PA Zip Code: 16375

TOTAL AMOUNT OF FUNDS RECEIVED: 2,776.05

**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.	
2. Water, storm water and sewer systems, including construction, reconstruction, maintenance and repair	
3. Emergency preparedness and public safety, including law enforcement and fire services, hazardous material response, 911, equipment acquisition and other services <u>Knox Area Ambulance Co.</u>	<u>776.05</u>
4. Environmental programs, including trails, parks and recreation, open space, flood plain management, conservation districts and agricultural preservation	
5. Preservation and reclamation of surface and subsurface waters and water supplies	
6. Tax reductions, including homestead exclusions	
7. Projects to increase the availability of safe and affordable housing to residents	
8. Records management, geographic information systems and information technology	
9. The delivery of social services	
10. Judicial services	
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	<u>2,000.00</u>
12. Career and technical centers for training of workers in the oil and gas industry	
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	
<b>14. TOTAL FUND USAGE (This amount must equal the amount entered in the "Total Amount of Funds Received" space above)</b>	<u>2,776.05</u>

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County: Claion

Name of Municipality: Salem 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).

Linda Spoharski  
Signature of Individual or Officer

6-4-2013  
Date

Name of person to be contacted for additional information: Linda Spoharski

Phone Number: 814-797-2469

Email: salemtp@atlanticbb.net