

APPLICANT INFORMATION:

### RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division Alternative Fuels Safety Department

## CNG FORM 1025

# APPLICATION AND NOTICE OF EXCEPTION TO THE REGULATIONS FOR COMPRESSED NATURAL GAS

Please Type or Print

INSTRUCTIONS: Any person may apply for an exception to the *Regulations for Compressed Natural Gas*. All application filings must meet the submission requirements of Section 13.35 of the *Regulations for Compressed Natural Gas*. Strict compliance with this section is necessary to ensure that fairness and uniformity in the administrative process is extended to all applicants. All applicants are routinely advised that a request for exception in no way guarantees that an exception will be granted. A non-refundable fee of \$50 must accompany each original application. If resubmission is required a non-refundable fee of \$30 must accompany each resubmission. DO NOT SEND CASH. Make Check or Money Order Payable To: The Railroad Commission of Texas. To pay by credit card please visit our website www.rrc.texas.gov.

PLEASE COMPLETE ALL BLANKS ON THIS FORM AND RETURN TO THE ALTERNATIVE ENERGY DIVISION. FILE ONE LEGIBLE APPLICATION FORM PER SITE, LISTING ALL APPLICABLE EXCEPTIONS TO CNG REGULATION REFERENCES.

Applicant's name:		representing						
	(Individual)	(Company name, if applicab	(Company name, if applicable)					
Lic. No	Mailing Address:							
		(City, State)	(Zip Code)					
Tel. No.:(A/C)	Fax No	I request an exception to Section	on(s) ( <i>give full</i>					
regulation reference) _ Gas.		of the Regulations for Compresse	d Natural					
GEOGRAPHICAL LO	CATION:							
f stationary CNG insta	llation, give physical street addre	ess or geographical location:						
	(Give directions	from nearest highway or town)						
Nearest town or city		, county of						
If stationary installation	, is it located within municipal lin	nits? ☐ Yes ☐ No						

#### STATEMENT OF DESIRED RELIEF:

State below your request for exception, and how it specifically fails to comply with the *Regulations for Compressed Natural Gas*. Be sure you also quote the exact reference and description of the regulation.

# STATEMENT OF SUPPORTING FACTS: State the facts supporting your desired relief. Explain the social and economic impact if the exception is not granted. Estimate the total sum of all monetary factors or alternative solutions necessary to bring the installation or equipment into

Estimate th full complia				•							•	_		talla	ion or equi	pme	nt into
Social imp stakeholder		not	granted	(effect	on	the	health,	safety	and	welfare	of	individuals	s in	the	community	or or	othe
Economic i	impact,	if no	t granted	(effect	on c	omm	ierce, ei	mploym	ent, ir	ncome a	nd c	ther mone	tary	facto	ors):		

#### **SAFETY ASPECTS OF EXCEPTION:**

Explain the safety aspects involved and how this exception may be justified without affecting the health, safety and welfare of the general public. If the exception involves an existing CNG installation or existing CNG mobile equipment, list existing safety features. What additional safety modification(s) could be made to offset the requested exception to the Commission's *Regulations for Compressed Natural Gas*?

#### **DESCRIPTION OF ACREAGE OR LEASED AREA:**

If a stationary CNG installation, use the space below to describe the site sufficiently for determination of property or lease lines, land ownership, and by what legal authority the applicant, if not the owner, is permitted occupancy.

ATTACH SUPPORTING DOCUMENTS: A legal property description with a site plan indicating the dimensions of the boundaries described by the legal description or a plat showing the dimensions of the property description. The site plan must show all adjoining property lines, streets, and highway or railroad right-of-ways and must coincide with the legal property description or plat. The site plan may include other information such as buildings, storage containers, and other exposures relevant to the exception, which is not indicated on the plat. If the area described is under lease, a copy of the lease agreement, and exhibit(s) showing the area under lease may be filed in lieu of the legal property description or plat.

I have attached: Check applicable box(es)	1.	Legal property description with site plan Survey plat with site plan Lease agreement with site plan	

#### AFFECTED PARTIES WHO MUST BE SENT A COPY OF THIS REQUEST:

A copy of CNG Form 1025 must be sent by certified mail, return receipt requested, to all affected parties as specified below on the same date on which the form is filed with or sent to AFS. The information shall include a notice that any objection shall be filed with AFS within 18 calendar days of postmark.

For stationary Installations:

Legal description and acreage:

- 1. Persons or businesses owning or occupying property adjacent to the site;
- 2. The city council or fire marshal, if the site is within municipal limits; and
- 3. The county Commission, if the site is not within any municipal limits

For motor or mobile fuel installations:

- 1. The Texas Department of Public Safety; and
- 2. All CNG loading and unloading facilities utilized by the applicant

AFS may require an applicant to give notice to persons in addition to those listed above if doing so will not prejudice the rights of any entity.

PLEASE GIVE FULL NAME AND ADDRESS OF EACH AFFECTED PARTY. EACH AFFECTED PARTY MUST BE AFFORDED AN OPPORTUNITY TO OBJECT OR NOT TO OBJECT TO THE EXCEPTION REQUESTED. THE PARTY SHALL NOTIFY THE SECTION IN WRITING OF SPECIFIC OBJECTIONS. THE ORIGINAL OF THE RETURN RECEIPT CARDS MUST BE FILED WITH YOUR ORIGINAL APPLICATION AS EVIDENCE THAT AFFECTED NOTICE WAS RECEIVED BY THE AFFECTED PARTY. ATTACH A COPY OF A LAND ABSTRACT OR MARK THE SITE PLAN ABOVE TO SHOW ALL ADJOINING PROPERTY OWNERS. LIST ALL NAMES AND ADDRESSES OF REQUIRED PARTIES TO RECEIVE NOTICE ON PAGE 4 OF THIS APPLICATION. USE PAGES 5 AND 6, NOTICE OF EXCEPTION TO AFFECTED PARTIES, AS THE INSTRUMENT OF NOTICE.

Stationary Installations Only:

Ctationary motanations	O	<b>,</b> .	
I have attached: Check applicable box(es)	1.		Land abstract of surrounding properties AND original certified mail return receipt(s) for each notice sent.
	2.		Expanded site plan showing surrounding properties and original certified mail return receipt(s) for each notice sent.

NOTE: ANY ATTACHED MATERIAL TO BE CONSIDERED MUST BE FILED WITH AN AFFIDAVIT SIGNED BY A PERSON HAVING PERSONAL KNOWLEDGE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Nam	es and addresses of parties that were mailed cop	pies of this request.		
1	Name of person or entity			
	realite of person of entity			
	Mailing address		City, State	Zip Code
2	Name of person or entity			
	Mailing address		City, State	Zip Code
3	Name of person or entity			
	Mailing address		City, State	Zip Code
4	Name of person or entity			
	Mailing address		City, State	Zip Code
5	Name of person or entity			
	Mailing address		City, State	Zip Code
, (55)	ITIONAL COMMENTS:			
impa	applicant must make a credible case the excepti ir or tend to impair the health, safety and welfan hitted or requested by AFS if necessary to clarify	re of general public. Photog	graphs and other docun	
return Facilit Natura Volum	fy all the person(s) named above have been sent a copy of receipt requested. I understand that should the exception by (Aggregate Capacity Greater than 240 Standard Cub al Gas Installation; or CNG Form 1501, Completion Ine or Less. Any non-compliance with the regulations edings and/or administrative penalties under Chapter 113, 7	pe granted, I may be required to fil ic Feet Water Volume); CNG I Report for CNG Commercial Ir s could result in my company	le a CNG Form 1500, Applic Form 1500A, Notice of Pronstallations of 240 Standard	cation to Install CNG oposed Compressed I Cubic Feet Wate
under also u	are under penalties in Section 91.143, Texas Natural Res my supervision and direction, and the date and facts understand AFS must be notified of any changes to ling property owners as required by Section 13.35 of the Re	s stated herein are true, correction this application as soon as pe	ct and complete to the best ossible which may necessit	of my knowledge.
	onally, applicant agrees that this application may be execut ses and shall have the same force and effect as an original s		shall be considered as an ori	ginal signature for al
	(Printed name of Applicant or Applicant's Representative)			
(Au	thorized signature of Applicant or Applicant's Representative	)		

(Date)

#### NOTICE OF EXCEPTION TO AFFECTED PARTIES

TO:								
	(Name of person or entity t	o receive notice.	)	_				
	(Address	3)		_				
(	(City)	(State)	(Zip Code)	_				
he Regi	ve been notified as a ulations for Compress by given notice that		government					
		(Full na	me of applican	nt or person reque	esting exception)			
of	(Address)				(City)		(State)	(Zip code)
has requ	ested exception(s) to S	Section(s)						
			(Regula	ation Reference(s	3))			
of the Re	egulations for Compres	sed Natural G	Sas. The exc	ception if gran	ted, is located	at:		
		(Street a	address or othe	er accurate descri	iption of property)			
		(City)			(State)		(Z	ip Code)
THE FO	LLOWING SPACE IS T	O BE USED	BY THE PA	RTY WHICH	RECEIVED NO	OTICE		
l received	a copy of CNG Form 1	025, applicat	ion and noti		an affected par on to the <i>Regul</i> a			
AFS in particula the sect Page 6 c	t/Do Not Object (Circ writing within 18 days or exception requested ion. A hearing will be of this form or a separa e herein.	s of the date must be sent held when t	e the applic to AFS. Yo he Railroad	cation was mou may reque I Commission	nailed. Any qu st a copy of th n of Texas rece	estions ab ne complete eives prope	out this pro e applicatio r objections	ocedure or the n on file with . You may use
	ally, affected party agre signature for all purpose							nsidered as an
-	(Printe	ed name of affect	ed party)				(Date)	
-	(Sign	ature of affected	party)			(A/C)	(Telephon	ne No.)
-		(Address)						
-	(City)		State	Zip Code				

# **REASON FOR OBJECTION** By filing this application via facsimile transmission, applicant voluntarily stipulates and agrees that the filed facsimile copy shall be treated as an original document for all purposes in any court or administrative proceeding. Return to: Railroad Commission of Texas Alternative Fuels Safety

PO Box 12967 Austin, Texas 78711-2967

FAX (512) 682-9066 Rev. January 2021