

Capacity (standard cubic feet)

RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division Alternative Fuels Safety Department

COMPLETION REPORT FOR CNG INSTALLATIONS OF LESS THAN 84,500 STANDARD CUBIC FEET

RRC USE ONLY	
Site ID:	
Plan ID:	

CNG FORM 1501

Please Type or Print

applicable fees. The report mus from the date of installation cor	ions for Compressed Natural Gas at be postmarked or physically de impletion. A CNG stationary conta atandard cubic feet capacities sha	livered to Alternative Fuels Sainer or cascade/rack install	Safety (AFS), within	30 calendar days
Name of Facility Where Container	r(s) or Cascade/Rack is Installed			
(Facility	r's Mailing Address)	(City)	(State)	(Zip Code)
Physical/geographical locatio	n same as mailing address. <i>(You m</i>	oust still provide the county of	installation.)	
(Physical/Geograp	phical Location or 911 Address)	(City)	(State)	(Zip Code)
County of installation (requ	ired) GPS Cool			
TYPE OF IN	STALLATION	CHECK APPLICABL	E BOX(ES)	
Licensee Compressor/C. A license is required for	ascade - CGLC the above facility type. Pleas	e provide the installation	's license number:	·
Compressor/Casca Dispensing System Other (describe):				
Date CNG installation was	completed and placed in serv	rice:	(MM/DD/YYYY)	
APPLICATION TYPE:			(14114)	
New Installation	Relocation Addi	tion Replacemer	nt Only	
CNG CONTAINER INFORMAT	TION: Container 1	Container 2	Co	ontainer 3
Manufacturer Name				_
Serial Number				
Service Pressure				
ASME/DOT				
Year Built				_

(If additional tanks, use separate page)

Container Size	standard cubic feet	
Container Size	standard cubic feet	
Container Size	standard cubic feet	
cades, use separate	page)	
he non-refundable re	submission fee is \$20 per report .	
		card please
Natural Gas of the Commission with time acing a container or and the Regulations atural Resources Coerepresentations set	Railroad Commission of Texas; and is ally written notification of this installation installation in CNG service that is not in for Compressed Natural Gas, may subjude. I declare under penalties prescribed is out above on the behalf of the licensee	now ready for as required by all compliance ect me or my n Sec. 91.143 named above
ily stipulates and agroceeding.	rees that the filed facsimile copy shall be	treated as ar
y electronic signature nal signature.	e, which shall be considered as an origina	al signature fo
Signature of A	authorized Company Representative	Date
	CNG License No.	
	Container Size Container Size cades, use separate e is required for each e as a stationary CNo me non-refundable re To: The Railroad C a copy of the online installation describe Natural Gas of the commission with time acing a container or mod the Regulations atural Resources Co e representations set direction, and that the fily stipulates and agree relectronic signature and signature.	v electronic signature, which shall be considered as an original signature. Signature of Authorized Company Representative

Return to:
Railroad Commission of Texas
Alternative Fuels Safety
PO Box 12967
Austin, TX 78711-2967
SafetyNoticeReply@rrc.texas.gov

Telephone No.

Fax (512) 682-9066

Email address.

Revised: December 2022

RAILROAD COMMISSION OF TEXAS

ALTERNATIVE FUELS SAFETY

INSTRUCTIONS FOR COMPLETING CNG FORM 1501

Legible Document: To avoid delays in processing the Completion Report, all information must be legible. Reports which are not legible will not be processed and will be returned and a non-refundable resubmission fee will be assessed.

- Name of Facility Name of the facility where the container/cascade/rack is installed.
- 2. Facility Mailing Address Address where mail can be received regarding this installation.
- 3. Physical/geographical location same as mailing address If the mailing address and physical location are the same check the box and leave the Physical/Geographical Location/911 Address fields blank.
- 4. Physical/Geographical Location/911 Address Physical location of the installation. If the location has a 911 address (usually the same as mailing address), then that address is preferred. If the location does not have a 911 address, then provide a description of the installation's location using the nearest major intersection as the point of reference. (I.e. 1 mile north of the intersection of IH-35 and 290 on the left.)
- 5. County of installation Name of the county where the installation is located.
- 6. GPS Coordinates Latitude and Longitude in Decimal Degrees. The coordinates from Google Earth are preferred.
- 7. Type of Installation Choose the correct installation type.
 - Licensee Compressor/Cascade (CGLC) Dispensing of CNG into mobile fuel containers. CNG is produced through a compressor and may include storage in a container or cascade. CNG is sold to the public.
 - Compressor/Cascade (CGCC) Businesses or industries using CNG to make a finished product, as an ingredient of a product, or to power equipment for industrial/commercial purposes. CNG is produced through a compressor and may include storage in a container or cascade.
 - Dispensing System (CGDS) Dispensing CNG into motor/mobile fuel containers by an ultimate consumer.
 Private installation. Gas is not sold to the public. CNG is produced through a compressor and may include storage in a container or cascade.
 - Other Any installation that does not fit into a listed installation type. If selected a description of the installation is required. A full list of installation types is available on the Commission website.
- 8. Installation License Number Licensee Compressor/Cascade (CGLC) installation types require a license to operate. Verify the facility operator's license number prior to placing into service. Place the facility's license number here to avoid the report being returned for resubmission, which requires a resubmission fee.
- 9. Installation Completion Date Date the installation was completed, verified as safe and meeting all rule requirements, and placed in service.
- 10. Application Type Select if the application is submitted for:
 - New: this is the first CNG container/cascade/rack installation at this location.
 - Relocation: an existing container/cascade/rack at this location/property was moved within the same location/property.
 - Addition: a container/cascade/rack has been added to a location with an existing container/cascade/rack, where the original container/cascade/rack will remain in service.
 - Replacement: a container/cascade/rack has been installed at a location to replace an existing container/cascade/rack. (The original container/cascade/rack has been removed.)
- 11. CNG Container Information:
 - Manufacturer Name: The name of the container manufacturer
 - Serial number: The manufacturer's serial number listed on the container's manufacturer data plate
 - Service Pressure: The service pressure listed on the container's manufacturer data plate
 - ASME/DOT The specification to which the container was built. American Society of Mechanical Engineers (ASME) or US Department of Transportation (DOT).
 - Capacity The capacity in standard cubic feet listed on the container's manufacturer data plate.
 - Year Built The year the container was manufactured as listed on the container's manufacturer data plate.
- 12. CNG Cascades/Racks List each cascade/rack separately and provide the number and size of containers in the cascade/rack.
- 13. Fee submitted The fee amount being submitted for the containers/cascade/rack listed on the report. EACH container and cascade/rack require a \$10 filing fee for original filings. If the report is returned for resubmission, due to missing or incorrect information, then a \$20 resubmission fee is required for the report.

Туре	Quantity	Fee Amount	Fee Due
Containers		x \$10	\$
Cylinder cascades/racks		x \$10	\$
		Total Fee Due	\$

14. Email address: Providing an email record.	address is optional. If provid	ded, the filer's address will beco	ome part of the public