



RAILROAD COMMISSION OF TEXAS
ALTERNATIVE ENERGY DIVISION
LP-Gas Operations

LPG FORM 501

COMPLETION REPORT FOR LP-GAS INSTALLATIONS OF LESS THAN 10,000 GALLONS AGGREGATE WATER CAPACITY

Please Type or Print

INSTRUCTIONS TO LICENSEE: Section 9.101(b) of the *LP-Gas Safety Rules* requires this report to be filed with the Commission, along with the applicable fees. The report must be postmarked or physically delivered to LPG Operations Section, **within 30 calendar days** from the date of completion. An LPG stationary container(s), a cylinder storage rack(s) or secured cylinder storage area(s) without a storage rack installed at any commercial LPG installation of less than 10,000 aggregate water gallon capacities shall be reported. The original, **non-refundable**, filing fee is **\$10 for each ASME container or DOT cylinder that is installed for use as a stationary LPG container installation, each DOT cylinder storage rack, and each site where DOT cylinders awaiting use are stored in a secured storage area without a storage rack(s).** The non-refundable resubmission fee is **\$35 per report.** 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

Name of Facility Where Container(s) or System is Installed _____

 (Facility's Mailing Address) (City) (State) (Zip Code)

 (Physical Mailing Address or 911 Address) (City) (State) (Zip Code)

County of installation (required) _____ GPS Coordinates: N: _____ W: _____

TYPE OF INSTALLATION CHECK APPLICABLE BOX(ES)

<input type="checkbox"/> Retail Cylinder Filling/Service Station-CFSS	<input type="checkbox"/> Retail Cylinder Exchange Rack-CEXR	<input type="checkbox"/> Bulk Storage-BS
<input type="checkbox"/> Cylinder Filling Plant-CFP		
A license is required for the above facility types. Please provide the entity's license number: _____		
<input type="checkbox"/> Emergency Stand-by Generator-EMSB	<input type="checkbox"/> Site Built Subdivision-SBSD	<input type="checkbox"/> Service Station-SS
<input type="checkbox"/> Forklift Cylinder Storage or Refueling-INFL	<input type="checkbox"/> Industrial Equipment-INEQ	<input type="checkbox"/> Agricultural-AGRI
<input type="checkbox"/> Manufactured Housing Subdivision-MHSD	<input type="checkbox"/> Health Care Center-HCSB	<input type="checkbox"/> School-SCHL
<input type="checkbox"/> Private Motor/Mobile Fuel-PMMF	<input type="checkbox"/> Loading Racks-LOAD	<input type="checkbox"/> Public-PUBL
<input type="checkbox"/> Private Cylinder Filling-PVCF	<input type="checkbox"/> Commercial-COMM	
<input type="checkbox"/> General/Other-GEOT (describe): _____		
Gas Systems: <input type="checkbox"/> System Pressure Tested	<input type="checkbox"/> Appliance Operation Checked	<input type="checkbox"/> N/A

Date LPG installation was completed and placed in service: _____ (MM/DD/YYYY)

CERTIFICATION: I hereby notify the Commission that the LPG installation described above has been completed, complies with the Texas Natural Resources Code and the *LP-Gas Safety Rules* of the Railroad Commission of Texas; and is now ready for Commission inspection. I understand that failure to provide the Commission with timely written notification of this installation as required by §9.101 of the *LP-Gas Safety Rules* and/or placing a container or installation in LPG service that is not in full compliance with the requirements of the Texas Natural Resources Code and the *LP-Gas Safety Rules*, may subject me or my company to enforcement proceedings as provided in the Texas Natural Resources Code. I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make the representations set out above on the behalf of the licensee named above, that this form was prepared by me or under my supervision and direction, and that the statements made are true, correct, and complete to the best of my knowledge.

 Name of Company Representative Signature of Company Representative (Do Not Print) Date

 Company Name LPG License No.

(A/C) Telephone No. (A/C) Fax No.

RRC USE ONLY
Site ID: _____
Plan ID: _____

**IF SPACE PROVIDED IS INSUFFICIENT, PLEASE USE
ADDITIONAL PAGES FOR CONTAINER INFORMATION**

CONTAINER(S) INFORMATION:

WC = Water Capacity

WP = Working Pressure

New Installation

Container Relocation

Container Addition

Container Replacement Only

LPG CONTAINER TYPE:

PLEASE CHECK ONE: ASME DOT

Mfg. Name _____ Ser. No. _____ WC _____ Yr. Built _____ WP _____

Mfg. Name _____ Ser. No. _____ WC _____ Yr. Built _____ WP _____

Mfg. Name _____ Ser. No. _____ WC _____ Yr. Built _____ WP _____

Mfg. Name _____ Ser. No. _____ WC _____ Yr. Built _____ WP _____

Mfg. Name _____ Ser. No. _____ WC _____ Yr. Built _____ WP _____

Mfg. Name _____ Ser. No. _____ WC _____ Yr. Built _____ WP _____

Mfg. Name _____ Ser. No. _____ WC _____ Yr. Built _____ WP _____

Mfg. Name _____ Ser. No. _____ WC _____ Yr. Built _____ WP _____

(If additional tanks, use separate page)

LPG CYLINDER & FORKLIFT EXCHANGE RACK/ STORAGE RACK OPERATIONS (List each rack separately)

Total No. of Cylinder Racks _____ Number of Cylinders Rack holds _____ Cylinder Size _____

Total No. of Cylinder Racks _____ Number of Cylinders Rack holds _____ Cylinder Size _____

Total No. of Cylinder Racks _____ Number of Cylinders Rack holds _____ Cylinder Size _____

(If additional racks, use separate page)

Secured /Fenced Cylinder Storage Area without the Use of Racks: Number of cylinders in storage _____ Cylinder Size _____

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 Energy Division
 LP-Gas Operations
 PO Box 12967
 Austin, TX 78711-2967
 Fax (512) 463-0649

Rev. July 2012