

Texas Commission on Environmental Quality Municipal Setting Designation Application Form

Instructions

Application Form: Submit this application form to the TCEQ when applying for a Municipal Setting Designation (MSD) Certificate. The MSD application process is governed by Texas Health and Safety Code (THSC) Chapter 361, Subchapter W. Failure to use this application form will result in denial of the application [THSC §361.804(b)(1)].

In general, the application form is self-explanatory. Indicate by checking “Yes” or “No” or “NA” in response to the stated question. “NA” means not applicable. Some responses have a footnote on the response. Be sure to read all footnotes. A recommendation is made to not submit an application when certain circumstances would result in denial of the application. Complete the form electronically and submit an electronic copy of the form along with a paper copy of the form and supporting information. If any of the responses on the form require more space than is provided in the form, add the additional information to the end of the form and note that additional information is included in the answer space.

Supporting Information: Certain information must be provided to meet the requirements of THSC Chapter 361, Subchapter W, and to facilitate review of the application. A checklist is provided to ensure the necessary information is included with the application. Except as stated below or in the checklist, the information is not required to be submitted in any particular format, except that it must be clear, complete, concise, and correct. Present the completed checklist and the requested information in the sequence set in the checklist.

Maps: Various mapped information is requested. All maps must be accurate, and drawn to-scale. The supporting information can be consolidated on fewer maps than are listed in the Supporting Information Checklist provided the information is legible.

Supporting Information Item 3. Legal description of the MSD: Submit a metes and bounds description and plat map that clearly demarcates the MSD property certified by a registered professional surveyor registered by the Texas Board of Professional Surveying attesting to the accuracy of its descriptions, or a lot and block legal property description listing the lot number(s) and block number(s) followed by a reference to a subdivision tract recorded in the county property records. An adequate legal property description would include the volume and page number of the County Deed record where the lot and block are described (e.g., Lots 9 and 10 in Block 11, of Richey Addition, a subdivision in Harris County, Texas, according to the map or plat thereof recorded in Volume 1, Page 550, of the Deed Records of Harris County, Texas).

Mailing: Submit the application form and all supporting information to:

By Regular U.S. Mail

Texas Commission on Environmental Quality
MSD Application Program MC-225
P.O. Box 13087
Austin, TX 78711-3087

By Overnight/Express Mail

Texas Commission on Environmental Quality
MSD Application Program MC-225
12100 Park 35 Circle
Austin, TX 78711-3087

Questions? Contact the MSD Application Program at 512/239-1023.



Municipal Setting Designation Application Form

TCEQ Office Use Only: Application No: _____ Date Received: / /	Date Add. Info Req. / / Date Add. Info Rec'd / / Date Certified: / / Date Denied: / /
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Municipal Setting Designation Eligibility Criteria:

Is the proposed municipal setting designation (MSD) within the corporate limits of a municipality authorized by statute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ¹
Is the proposed municipal setting designation (MSD) within the extraterritorial jurisdiction of a municipality authorized by statute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ¹
Municipality name: _____		
Is there a public drinking water supply system that satisfies the requirements of THSC Chapter 341 and supplies or is capable of supplying drinking water to: a) the proposed MSD property, and b) each property within 0.5 miles beyond the boundary of the proposed MSD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ¹
¹ If No, the eligibility criteria are not met. Do not submit an application.		

Applicant and Fee Payment Information:

Contact Person: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
Title: _____		
Company: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: / / /	Telefax: / / /	
E-mail Address: _____		
Is the required \$1,000 application being submitted to TCEQ in advance or at the same time the MSD application is being submitted to TCEQ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ²
² Do not submit application.		

MSD Property Address:

Street Address: _____	
City: _____	Zip: _____
County: _____	Acres: _____
If multiple properties provide an attachment to the application providing the above information for each property.	

Notice Information:

<u>On</u> or <u>before</u> the date of submission of the application to TCEQ, was notice provided to:		
a) each municipality:		
1) where the proposed MSD is located?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ⁴
2) with a border within 0.5 miles beyond the proposed MSD boundaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ³ <input type="checkbox"/> NA ⁴
3) that owns or operates a groundwater supply well located within five miles beyond the proposed MSD boundaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ³ <input type="checkbox"/> NA ⁴
b) each current owner of a private well registered with the commission and located within five miles beyond the proposed MSD boundaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ³ <input type="checkbox"/> NA ⁴

c) each retail public utility, as defined by Texas Water Code, §13.002, that owns or operates a groundwater supply well located within five miles beyond the proposed MSD boundaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ³	<input type="checkbox"/> NA ⁴
³ Do not submit application.			
⁴ NA only when no such municipality, private well owner, or retail public utility exists			

MSD Information:

List all existing TCEQ and US Environmental Protection Agency registration, permit, identification numbers (e.g., SWR No., VCP No., LPST ID No., UIC Registration No., PWS ID. No.), if any, that apply to the groundwater contamination situation within the proposed MSD boundary. State "none" if none applicable.		
Is the proposed designated groundwater contaminated in excess of an applicable potable water ⁵ use standard (i.e., 30 TAC 350, ^{GW} GW _{ing})?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ⁶
Was the groundwater contamination previously reported to the TCEQ? (To support implementation of HB 3030, 78 th Legislature.)	<input type="checkbox"/> Yes, when? / /	<input type="checkbox"/> No
Is there a potable-use well within the boundary of the proposed MSD that uses the designated groundwater as source water?	<input type="checkbox"/> Yes ⁶	<input type="checkbox"/> No
Is there a potable-use well within the boundary of the proposed MSD that uses a deeper groundwater zone for the source water that is not properly sealed off from the designated groundwater?	<input type="checkbox"/> Yes ⁶	<input type="checkbox"/> No
Is the applicant aware of any non-consumptive use of the groundwater or other human health or ecological exposure pathways that are of concern? If yes, specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has each municipality and retail public utility identified in §361.8065 provided firm commitment to adopt an ordinance or resolution in support of the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ⁶
Is a copy of the ordinance or restrictive covenant that restricts consumptive use and appropriately restricts other uses of and contact with the designated groundwater, and any required resolutions provided with this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
⁵ "Potable water" means water that is used for irrigating crops intended for human consumption, drinking, showering, bathing, or cooking purposes [THSC §361.801(2)].		
⁶ Do not submit an application.		

I affirmatively state that (place an X in all applicable blanks):

- ___ The MSD eligibility criteria of THSC §361.803 are satisfied.
- ___ True and accurate copies of all documents demonstrating that the MSD eligibility criteria provided by THSC §361.803 have been satisfied and are included with the application.
- ___ A true and accurate copy of a legal description of the proposed MSD property is included with the application.
- ___ Notice was provided in accordance with THSC §361.805.
- ___ A copy of an ordinance or restrictive covenant and any required resolutions are provided in this application or will be provided before the executive director certifies this application.

Applicant Signature

Date

Before me _____ the undersigned authority, on this day personally appeared
Name of Notary

_____ and signed this Municipal Setting Designation Application.
Name of Applicant

Sworn, subscribed and signed before me in the County of _____, State of _____, on the _____ day of _____, this month of _____, 20____.

Supporting Information Checklist

<input type="checkbox"/>	1. A map of the municipality in which the proposed MSD is located that demarcates all corporate limits, extraterritorial jurisdictions and the boundaries of the proposed MSD.
<input type="checkbox"/>	2. A map of the public water distribution system that demonstrates that a public drinking water supply system exists that supplies or is capable of supplying drinking water to the proposed MSD property and all property within 0.5 miles beyond the boundary of the proposed MSD, OR a statement from the appropriate authority for the public water system(s) that they supply drinking water or are capable of supplying drinking water to the proposed MSD property and all property within 0.5 miles beyond the boundary of the proposed MSD. If a map is provided, demarcate the proposed MSD and the area within 0.5 miles beyond the boundary of the proposed MSD and identify the key potable water mains and potable water service lines on the map.
<input type="checkbox"/>	3. A legal description of the MSD property (see special note in the instructions). Provide sufficient global positioning satellite coordinate locations to allow the MSD property boundaries to be plotted (map view) in a geographic information system.
<input type="checkbox"/>	4. A specific description of the designated groundwater that will be restricted under the ordinance or restrictive covenant. Describe the specific upper and lower bounding intervals in feet below ground surface of the designated groundwater zone(s), and provide any designated geological formation/unit/member names.
<input type="checkbox"/>	5. Documentation of the type of known groundwater contamination in the designated groundwater. Provide a table with the name and Chemical Abstract System Number for each known contaminant with a concentration in excess of a potable water use standard, the maximum contaminant concentration in mg/L units, and the associated potable water use standard in mg/L units. If this groundwater contamination information is being newly disclosed to the TCEQ via this application, provide a copy of the laboratory report(s), chain-of-custody documentation, a map of the location(s) where the samples were collected that document contamination, a copy of the Water Well Drillers Report, and monitoring well log(s) and completion data.
<input type="checkbox"/>	6. A copy of the draft or adopted ordinance or restrictive covenant and any required resolutions, unless choosing to defer providing such information until prior to agency certification of the application.
<input type="checkbox"/>	7. A map of the proposed MSD and the area five miles beyond each proposed MSD boundary with plotted: <ul style="list-style-type: none"> • boundaries of the proposed MSD; • boundaries of the corporate limit and extraterritorial jurisdiction for all municipalities coincident within an area extending 0.5 miles beyond the boundaries of the proposed MSD (if any); • service boundaries for any retail public utility(ies) that are coincident with the five mile area (if any); and • locations of each private well registered with the commission within the five mile area. For each identified private well, include a unique well identification number on the map and provide a copy of the Water Well Report.
<input type="checkbox"/>	8. A description of the actions taken and sources referenced to: <ul style="list-style-type: none"> • locate all private wells registered with the commission that are within five miles of the proposed MSD boundary, and • to determine the current owner and contact information for each identified well.
<input type="checkbox"/>	9. A table keyed to the unique well identification number in item 7 above, with the name of the corresponding well owner, the corresponding State of Texas Well Identification Number (if different), and a “yes” or “no” statement of whether notice to the well owner was successfully completed. At a minimum, check the local school and county tax district records for current property ownership in the event notice letters are returned undeliverable. For any private well located within 0.5 miles of the MSD property, hand deliver the notice to the property if other methods of delivery are unsuccessful and report the date the notice was delivered and the name and contact information for the person who delivered the notice as part of this supporting information.
<input type="checkbox"/>	10. A copy of each notice letter with the corresponding signed delivery receipt. To save paper, if the applicant provides a notarized statement that each letter was the same except for the addressee contact information, then one sample letter may be provided in lieu of providing a copy of each letter.
<input type="checkbox"/>	11. A paper copy and electronic listing of the contact names and mailing addresses for all persons required to be provided notice under THSC §361.805. The electronic list may be provided on a CD, diskette, or via e-mail in Microsoft Word® or Excel® and formatted as a data source for mail merge to generate the notice letters required under THSC §361.807(a). For those well owners where notification was never successfully completed, provide the contact information for the current owner of the property as listed in the tax district records.
<input type="checkbox"/>	12. An explanation of how the applicant knows whether the municipalities and/or the retail public utilities entitled to receive notice firmly support the proposed MSD. Provide the name, address, telephone number, and e-mail of the contact person within each entity that must support the MSD application via ordinance or resolution. If there is not support from every required entity, do not submit an application.

**Texas Commission on Environmental Quality
Payment Submittal Form**

Use this form to submit your \$1,000 MSD Application Fee. Submit this form and fee in the form of a check, certified check, electronic funds transfer, or money order payable to the Texas Commission on Environmental Quality **separately** from the completed MSD application. The fee is **non-refundable**. Do not submit the MSD application without submitting the application fee in advance of or at the same time the MSD application is submitted.

Please complete the following information, staple your check in the space provided at the bottom of this document, attach a copy of the first page of the MSD application form (only the page with the applicant and fee payment information), and mail it to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, TX 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, TX 78753

Fee Code: GPA

MSD Application

Check/Money Order No:	Amount of Check/Money Order: \$	
Date of Check or Money Order:		
Name on Check or Money Order:		
MSD Applicant Name:		
Company:		
Address:		
City:	State:	Zip:

Staple Check In This Space

Cashier's Office:

Following processing of this application fee, please stamp the form with the date received and forward this form and the copy of the MSD application form page to the Remediation Division, MC-225.