

# **Filing Receipt**

Filing Date - 2025-04-02 11:28:19 AM

Control Number - 50594

Item Number - 111



### **Public Utility Commission of Texas**

## Five-Year Report Required by 16 Texas Admin. Code § 25.97(e)

PROJECT NO. 50594

AFFECTED ENTITY: Sharyland Utilities, L.L.C.

#### General Information

Pursuant to 16 Texas Admin. Code § 25.97(e)(1), not later than May 1 every five years, each affected entity that owns or operates overhead transmission facilities greater than 60 kilovolts must submit this report. The first report must be submitted not later than May 1, 2020.

#### Instructions

Answer all questions, fill-in all blanks, and have the report notarized in the Affidavit.

#### Affidavit

A representative of the affected entity must swear to and affirm the truthfulness, correctness, and completeness of the information provided by attaching a signed and notarized copy of the Affidavit provided with this form.

#### Filing Instructions

Submit four copies (an original and three copies) of the completed form and signed and notarized Affidavit to:

Central Records Filing Clerk
Public Utility Commission of Texas
1701 N. Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

Telephone: (512) 936-7180

1. Historical five-year reporting period: 2020-2024
What percentage of overhead transmission facilities greater than 60 kilovolts did you inspect for compliance with the National Electric Safety Code (NESC) relating to vertical clearance in the historical five-year reporting period?
Sharyland Utilities, L.L.C. (Sharyland) inspected 100% of its transmission facilities greater than 60 kV during this historical five-year reporting period for compliance with National Electric Safety Code (NESC) relating to vertical clearance.

Affected Entity: Sharyland Utilities, L.L.C.

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#### **AFFIDAVIT**

I swear or affirm that I have personal knowledge of the facts stated in this report or am relying on people with personal knowledge, that I am competent to testify to them, and that I have the authority to submit this report on behalf of the affected entity. I further swear or affirm that all statements made in this report are true, correct, and complete.

Signature

Mark D. Meyer

Printed Name

Vice President, Operations

Job Title

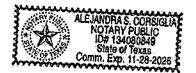
Sharyland Utilities, L.L.C.

Name of Affected Entity

Sworn and subscribed before me this

1 day of APRIL

Year



Notary Public in and For the State of TEXAS

My commission expires on 11-28-2026