



Filing Receipt

Received - 2021-11-16 09:21:57 AM
Control Number - 52299
ItemNumber - 1276

Bethel-Ash Water Supply Corporation

Primary contact information:

Mike Herrington, General Manager
PO Box 1385
Athens, TX 75751
903-477-6654

Secondary contact information:

Eric McDonald, Field Supervisor
PO Box 1385
Athens, TX 75751
903-477-6566

Public Water Systems owned by Bethel Ash WSC

Bethel Plant	TX1070034
Lowe Plant	TX1070240
McAtee Plant	TX1070241
Walton Plant	TX1070243
Douglas Plant	TX1070238
Murphy Plant	TX1070242
Hall Plant	TX1070239
Hawn Plant	TX1070248
Waters Edge Plant	TX1070251
Ott Plant	TX1070255
Lake Plant	TX1070258

WELL#	WELL	911 - ADDRESS	I/D #	ELEVATION	LATITUDE	LONGITUDE	METER #	ACCOUNT #
1	Bethel	4302 County Road 3923	1070034	531	32.296612	-95.848915	53187246	40409976001
2	Lowe	3851 County Road 3711	1070240	522	32.252437	-95.809751	53187244	40490738001
3	McAtee	6970 Woodland Drive	1070241	504	32.243260	-95.809788	112569558LG	10443720001226490
4	Walton	6947 FM 1861 Athens	1070243	531	32.360152	-95.854501	53186524	30012036001
5	Douglas	7286 County Road 3704	1070238	489	32.247192	-95.736907	55710545	30011760001
6	Murphy	14501 SH 19 North	1070242	482	32.353071	-95.848049	53187231	30056396001
7	Hall	5797 County Road 3704	1070239	521	32.239236	-95.764082	53187282	60113181001
8	Hawn	8001 County Road 3918	1070248	446	32.252064	-95.903601	57729716	30012036002
	Tower	6435 St Highway 19 N	1070251	511	32.236976	-95.852784	114599731LG	10443720009312411
9	Well	4765 Pine Ridge Court	1070251	515	32.240010	-95.857022	53187247	30011760002
10	Ott	13740 County Road 3507	1070255	460	32.339376	-95.719408	53187145	30011760003
11	Lake	7280 County Road 3700	1070258	482	32.144000	-95.440000	14741166	30011760004
	Office	6435 St Highway 19 N					114599730LG	10443720008602798
		All zip codes are 75752						
		Trinity Valley Electric				Oncor Service		
		24 Hour Outage System				1-888-313-4747		
		1-800-967-9324						
	If the meter # or acct # does not work, use ph# 903-675-8466 then choose which well from the list							

RE: TVEC Critical Load Form

Dustin Tallant <TallantD@tvec.coop>

Tue 8/31/2021 4:35 PM

To: Mike Herrington <bethelash@live.com>

Mike,

Our mailing address is

Trinity Valley Electric Coop.

P.O. Box 888

Kaufman, TX 75142

Attention: Dustin Tallant

Thanks,



Dustin Tallant
Business & Economic Dev. Coordinator
m 469.595.9543 • d 469.376.2256



From: Mike Herrington [mailto:bethelash@live.com]

Sent: Tuesday, August 31, 2021 2:52 PM

To: Dustin Tallant <TallantD@tvec.coop>

Subject: Re: TVEC Critical Load Form

Dustin, what is your address to send these forms.

Thanks Mike Herrington

From: Dustin Tallant <TallantD@tvec.coop>

Sent: Tuesday, August 31, 2021 10:40 AM

To: bethelash@live.com <bethelash@live.com>

Subject: TVEC Critical Load Form

Hi Mike,

It was very nice speaking with you this morning. As we discussed, I have attached the TVEC critical load form. This should filled out on each account you determine is necessary. Afterwards, please return the completed documents to me.

Thanks,



Application for Critical Load Designation

This application should be completed to request designation as an account serving a critical load for public safety, critical infrastructure or electric generation.

Multiple premises may be submitted on a single form, provided that the information requested below is provided for each metered location.

This form applies only to TVEC accounts. A separate application must be submitted to each electric utility provider. TVEC may request additional information prior to implementing the critical load designation.

The member must provide any changes to customer or premise information as soon as is practicable. TVEC may request confirmation of the critical load designation and the customer must timely confirm that a premise previously designated as critical load continues to qualify for that designation.

**DESIGNATION OF A CRITICAL LOAD DOES NOT GUARANTEE
AN UNINTERRUPTED SUPPLY OF ELECTRICITY**

It is the responsibility of the customer to make arrangements for alternative sources of electric power should a localized outage or significant load shed event occur.

Contact Information

Contact Name: Mike Herrington Title: General Manager

Business Name or Name On Account: Bethel Ash WSC Bethel Well

TVEC Account Number: 40409976001

Street Address: (If street address is unavailable; provide latitude/longitude, nearby roadway or other identifiers)

4302 CR 3923

City: Athens Texas Zip Code 75752

Contact Phone: 903/675/8466 Email Address: Bethelash@live.com

Application for Critical Load Designation

Check the appropriate designation

- ☐ Medical Facility (Hospital, Emergency Room, Assisted Living Facility)
- ☐ Public Safety / Law Enforcement
- ☐ Public Safety / Fire Department or First Responder Facility
- ☐ Petroleum Pipeline or Facility
- ☐ Natural Gas Pipeline or Facility
- ☒ Public Utilities (Water Department, Wastewater Facilities, Telephone Communications)

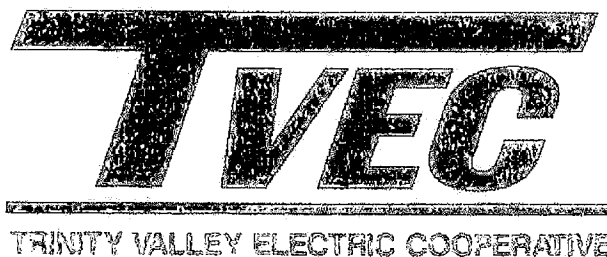
Describe equipment or premise served: **Public Water Well**

Does this facility serve electrical generation facilities? **No**

Describe any existing electricity backup capability at this facility, including (1) the length of time the facility can operate without electricity from the utility and (2) the length of required time for start-up following a power outage:

- (1) Portable genset can run site if fuel available
- (2) We have to schedule eletrical contractor to hook up genset, could take 2 to 3 hours.

Return this form and supporting documentation to memberrelations@tvec.coop or fax to (972) 932-6466.



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It is the responsibility of the customer to make arrangements for alternative sources of electric power should a localized outage or significant load shed event occur.

Contact Information

Contact Name: Mike Herrington Title: General Manager

Business Name or Name On Account: Bethel Ash WSC Lowe Well

TVEC Account Number: 40490738001

Street Address: (if street address is unavailable, provide latitude/Longitude, nearby roadway or other identifiers)

3851 CR 3711

City: Athens Texas Zip Code 75752

Contact Phone: 903/675/8466 Email Address: Bethelash@live.com

Application for Critical Load Designation

Check the appropriate designation

- ☐ Medical Facility (Hospital, Emergency Room, Assisted Living Facility)
- ☐ Public Safety / Law Enforcement
- ☐ Public Safety / Fire Department or First Responder Facility
- ☐ Petroleum Pipeline or Facility
- ☐ Natural Gas Pipeline or Facility
- ☒ Public Utilities (Water Department, Wastewater Facilities, Telephone Communications)

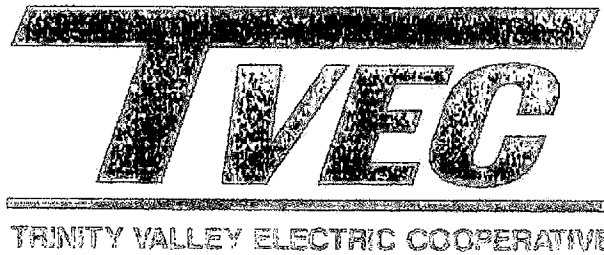
Describe equipment or premise served: **Public Water Well**

Does this facility serve electrical generation facilities? **No**

Describe any existing electricity backup capability at this facility, including (1) the length of time the facility can operate without electricity from the utility and (2) the length of required time for start-up following a power outage:

- (1) Portable genset can run site if fuel available
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It is the responsibility of the customer to make arrangements for alternative sources of electric power should a localized outage or significant load shed event occur.

Contact Information

Contact Name: Mike Herrington Title: General Manager

Business Name or Name On Account: Bethel Ash WSC Walton Well

TVEC Account Number: 30012036001

Street Address: (If street address is unavailable, provide latitude/longitude, nearby roadway or other identifiers)

6947 FM 1861

City: Athens Texas Zip Code: 75752

Contact Phone: 903/675/8466 Email Address: Bethelash@live.com

Application for Critical Load Designation

Check the appropriate designation

- ☐ Medical Facility (Hospital, Emergency Room, Assisted Living Facility)
- ☐ Public Safety / Law Enforcement
- ☐ Public Safety / Fire Department or First Responder Facility
- ☐ Petroleum Pipeline or Facility
- ☐ Natural Gas Pipeline or Facility
- ☒ Public Utilities (Water Department, Wastewater Facilities, Telephone Communications)

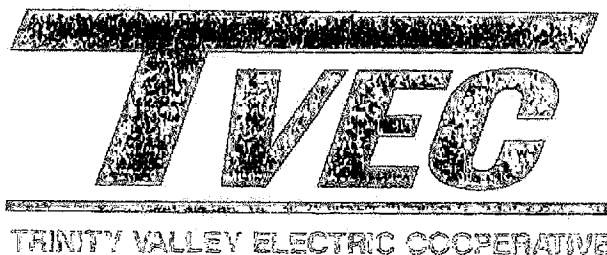
Describe equipment or premise served: **Public Water Well**

Does this facility serve electrical generation facilities? **No**

Describe any existing electricity backup capability at this facility, including (1) the length of time the facility can operate without electricity from the utility and (2) the length of required time for start-up following a power outage:

- (1) Portable genset can run site if fuel available
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It is the responsibility of the customer to make arrangements for alternative sources of electric power should a localized outage or significant load shed event occur.

Contact Information

Contact Name: Mike Herrington Title: General Manager

Business Name or Name On Account: Bethel Ash WSC Douglas Well

TVEC Account Number: 30011760001

Street Address: (if street address is unavailable; provide latitude/Longitude, nearby roadway or other identifiers)

7286 CR 3704

City: Athens Texas Zip Code 75752

Contact Phone: 903/675/8466 Email Address: Bethelash@live.com

Application for Critical Load Designation

Check the appropriate designation

- ☐ Medical Facility (Hospital, Emergency Room, Assisted Living Facility)
- ☐ Public Safety / Law Enforcement
- ☐ Public Safety / Fire Department or First Responder Facility
- ☐ Petroleum Pipeline or Facility
- ☐ Natural Gas Pipeline or Facility
- ☒ Public Utilities (Water Department, Wastewater Facilities, Telephone Communications)

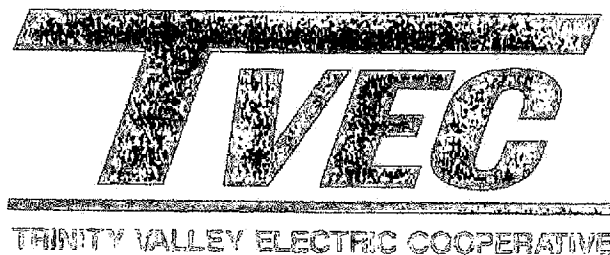
Describe equipment or premise served: **Public Water Well**

Does this facility serve electrical generation facilities? **No**

Describe any existing electricity backup capability at this facility, including (1) the length of time the facility can operate without electricity from the utility and (2) the length of required time for start-up following a power outage:

- (1) Portable genset can run site if fuel available
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Contact Information

Contact Name: Mike Herrington Title: General Manager

Business Name or Name On Account: Bethel Ash WSC Murphy Well

TVEC Account Number: 30056396001

Street Address: (if street address is unavailable; provide latitude/Longitude, nearby roadway or other identifiers)

14501 State Hwy 19

City: Athens Texas Zip Code 75752

Contact Phone: 903/675/8466 Email Address: Bethelash@live.com

Application for Critical Load Designation

Check the appropriate designation

- ☐ Medical Facility (Hospital, Emergency Room, Assisted Living Facility)
- ☐ Public Safety / Law Enforcement
- ☐ Public Safety / Fire Department or First Responder Facility
- ☐ Petroleum Pipeline or Facility
- ☐ Natural Gas Pipeline or Facility
- ☒ Public Utilities (Water Department, Wastewater Facilities, Telephone Communications)

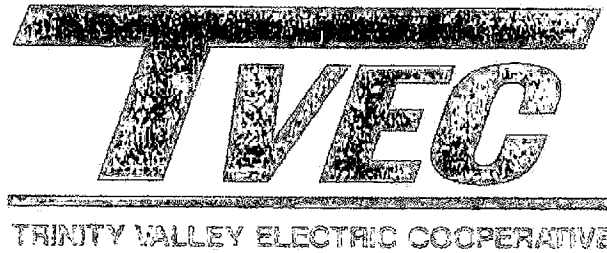
Describe equipment or premise served: **Public Water Well**

Does this facility serve electrical generation facilities? **No**

Describe any existing electricity backup capability at this facility, including (1) the length of time the facility can operate without electricity from the utility and (2) the length of required time for start-up following a power outage:

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Contact Information

Contact Name: Mike Herrington Title: General Manager

Business Name or Name On Account: Bethel Ash WSC Hall Well

TVEC Account Number: 60113181001

Street Address: (If street address is unavailable, provide latitude/longitude, nearby roadway or other identifiers)

5797 CR 3704

City: Athens Texas Zip Code 75752

Contact Phone: 903/675/8466 Email Address: Bethelash@live.com

Application for Critical Load Designation

Check the appropriate designation

- ☐ Medical Facility (Hospital, Emergency Room, Assisted Living Facility)
- ☐ Public Safety / Law Enforcement
- ☐ Public Safety / Fire Department or First Responder Facility
- ☐ Petroleum Pipeline or Facility
- ☐ Natural Gas Pipeline or Facility
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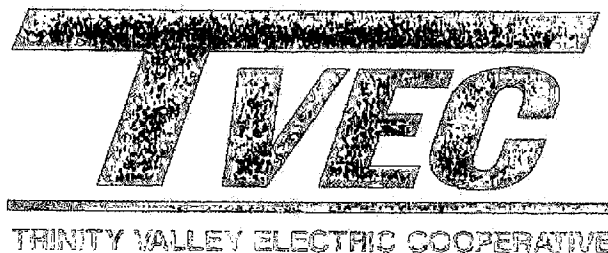
Describe equipment or premise served: **Public Water Well**

Does this facility serve electrical generation facilities? **No**

Describe any existing electricity backup capability at this facility, including (1) the length of time the facility can operate without electricity from the utility and (2) the length of required time for start-up following a power outage:

- (1) Portable genset can run site if fuel available
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Contact Information

Contact Name: Mike Herrington Title: General Manager

Business Name or Name On Account: Bethel Ash WSC Hawn Well

TVEC Account Number: 30012036002

Street Address: (If street address is unavailable; provide latitude/Longitude, nearby roadway or other identifiers)

8001 CR 3918

City: Athens Texas Zip Code 75752

Contact Phone: 903/675/8466 Email Address: Bethelash@live.com

Application for Critical Load Designation

Check the appropriate designation

- ☐ Medical Facility (Hospital, Emergency Room, Assisted Living Facility)
- ☐ Public Safety / Law Enforcement
- ☐ Public Safety / Fire Department or First Responder Facility
- ☐ Petroleum Pipeline or Facility
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- ☒ Public Utilities (Water Department, Wastewater Facilities, Telephone Communications)

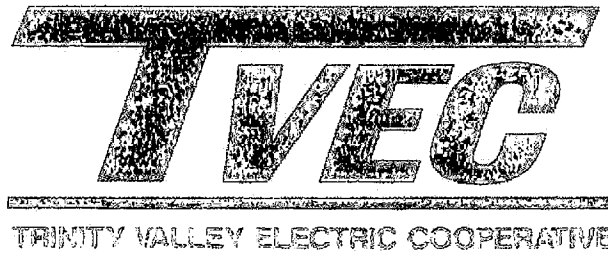
Describe equipment or premise served: **Public Water Well**

Does this facility serve electrical generation facilities? **No**

Describe any existing electricity backup capability at this facility, including (1) the length of time the facility can operate without electricity from the utility and (2) the length of required time for start-up following a power outage:

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Contact Information

Contact Name: Mike Herrington Title: General Manager

Business Name or Name On Account: Bethel Ash WSC WER Well

TVEC Account Number: 30011760002

Street Address: (If street address is unavailable; provide latitude/Longitude, nearby roadway or other identifiers)

4765 Pine Ridge Court

City: Athens Texas Zip Code 75752

Contact Phone: 903/675/8466 Email Address: Bethelash@live.com

Application for Critical Load Designation

Check the appropriate designation

- ☐ Medical Facility (Hospital, Emergency Room, Assisted Living Facility)
- ☐ Public Safety / Law Enforcement
- ☐ Public Safety / Fire Department or First Responder Facility
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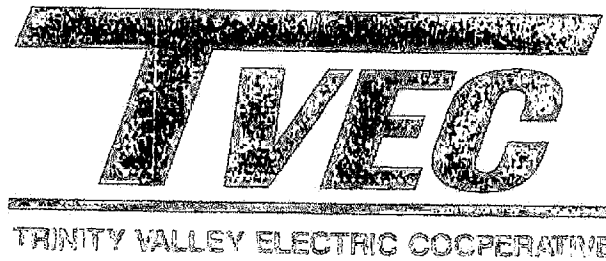
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Contact Information

Contact Name: Mike Herrington Title: General Manager

Business Name or Name On Account: Bethel Ash WSC Ott Well

TVEC Account Number: 30011760003

Street Address: (If street address is unavailable: provide latitude/Longitude, nearby roadway or other identifiers)

13740CR 3507

City: Athens Texas Zip Code 75752

Contact Phone: 903/675/8466 Email Address: Bethelash@live.com

Application for Critical Load Designation

Check the appropriate designation

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- ☐ Public Safety / Fire Department or First Responder Facility
- ☐ Petroleum Pipeline or Facility
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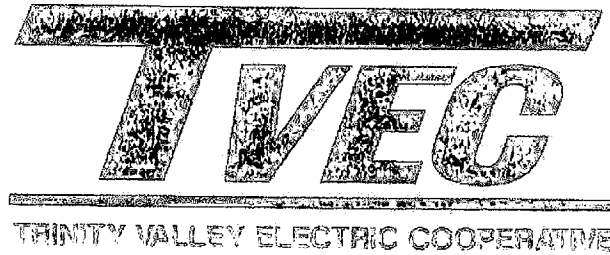
Describe equipment or premise served: **Public Water Well**

Does this facility serve electrical generation facilities? **No**

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It is the responsibility of the customer to make arrangements for alternative sources of electric power should a localized outage or significant load shed event occur.

Contact Information

Contact Name: Mike Herrington Title: General Manager

Business Name or Name On Account: Bethel Ash WSC Lake Well

TVEC Account Number: 30011760004

Street Address: (If street address is unavailable, provide latitude/longitude, nearby roadway or other identifiers)

7280 CR 3700

City: Athens Texas Zip Code 75752

Contact Phone: 903/675/8466 Email Address: Bethelash@live.com

Application for Critical Load Designation

Check the appropriate designation

- ☐ Medical Facility (Hospital, Emergency Room, Assisted Living Facility)
- ☐ Public Safety / Law Enforcement
- ☐ Public Safety / Fire Department or First Responder Facility
- ☐ Petroleum Pipeline or Facility
- ☐ Natural Gas Pipeline or Facility
- ☒ Public Utilities (Water Department, Wastewater Facilities, Telephone Communications)

Describe equipment or premise served: **Public Water Well**

Does this facility serve electrical generation facilities? **No**

Describe any existing electricity backup capability at this facility, including (1) the length of time the facility can operate without electricity from the utility and (2) the length of required time for start-up following a power outage:

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Standard Letter of Authorization for the Request of Historical Usage Information (English)

Date: 9/14/2021Expiration Date: Unlimited

LIST TDU (REQUIRED; List TDUs that apply to request)

☒ Oncor☒ CenterPoint☒ Sharyland☒ AEP☒ TNMP☒ Entergy Texas

Please accept this letter as a formal request and authorization for the above referenced Distribution Company (TDU) to release energy usage data, including kWh, kVA or KW, and interval data (if applicable) at the following location(s) to **Priority Power Management**. This information request shall be limited to no more than the most recent 12-month period of service. If the ESI ID(s) are IDR accounts, please indicate whether summary level and/or interval data is required.

☐ Summary Billing Data Only☐ Interval Data Only☒ Both Summary and Interval Data

Please forward usage and load information in electronic (Microsoft Excel) format to:
E-mail: loa@prioritypower.net

If an attachment is used, please use a separate attachment per TDSP with the ESI IDs that are specific to a TDSP. TDSP will reject if ESI IDs are submitted that are not associated with their territory.

Service Address

ESI Number (found on bill)

see attached list	

AUTHORIZATION

I affirm that I have the authority to make and sign this request on behalf of my company for all ESIIDs that are associated with this request.

Mike Herring
(Signature)

Bethel Ash Water Supply Corporation
(Company)

☒ By checking this box, the Customer identified below and Priority Power Management affirm that the authorizing signature is the Customer identified below and hold the TDU harmless for providing the historical data to requested party as identified on this form.

Mike Herring for
(Name, printed)

General Manager
(Title)

bethelash@live.com
(Email Address)

6435 State Highway 19 N
(Billing Street Address)

Athens, TX 75752
(City, State, Zip Code)

(903) 675-8466
(Telephone Number)

*This standard letter of authorization has been approved by the Public Utility Commission of Texas.
This document does not bind me to any retail electric provider, consultant or energy service company.*

PriorityPower 2080 N Hwy 360 Ste 360
Grand Prairie, TX 75050

T 972-314-9008
F 866-472-8789
PPM Consultant:

Standard Letter of Authorization for the Request of Historical Usage Information (English)

(Continued)

Requestor: Priority Power Management

TDSP: Oncor

Customer: Bethel Ash Water Supply Corporation

ESI Number (found on bill)

Location Name

[illegible]

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PriorityPower

2080 N Hwy 360 Ste 360
Grand Prairie, TX 75050

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PPM Consultant:

RE: Critical Load Designation

Scott Price <sprice@prioritypower.com>

Thu 10/14/2021 2:49 PM

To: Mike Herrington <bethelash@live.com>

Mike,

I've got all the info I need. I submitted my first one yesterday and had to make some edits before resubmitting again today. I'm waiting to see that everything is correct for that one and then I will be entering everything for Bethel Ash and all other critical loads as well.

Thanks,
Scott

From: Mike Herrington <bethelash@live.com>

Sent: Thursday, October 14, 2021 2:43 PM

To: Scott Price <sprice@prioritypower.com>

Subject: Re: Critical Load Designation

[EXTERNAL ORIGIN – do not open attachments or links until sender and content are confirmed safe]

Scott, any news on Critical load designation yet?
Thanks Mike

From: Scott Price <sprice@prioritypower.com>

Sent: Tuesday, September 21, 2021 9:35 AM

To: Mike Herrington <bethelash@live.com>

Subject: RE: Critical Load Designation

Mike,

I'm still waiting to hear back from Oncor on one thing before I get everything submitted. I'm also not 100% sure if I can submit on your behalf so I'm waiting to hear back on that. If I can't, I will be able to give you everything needed and can walk you through the process. This is new to me too, so I just want to make sure we get it done correctly. I should know more either today or tomorrow and we can get that submitted this week.

Thanks,
Scott

From: Mike Herrington <bethelash@live.com>

Sent: Tuesday, September 21, 2021 7:39 AM

To: Scott Price <sprice@prioritypower.com>

Subject: Re: Critical Load Designation

[EXTERNAL ORIGIN – do not open attachments or links until sender and content are confirmed safe]

Scott, have you had any luck getting Critical Load Designation from Oncor?
Thanks Mike


From: Scott Price <sprice@prioritypower.com>
Sent: Tuesday, September 14, 2021 11:55 AM
To: bethelash@live.com <bethelash@live.com>
Subject: Critical Load Designation

Mike,

I've attached the form we discussed over the phone – if you can send a scanned copy with your signature, I should be able to get everything I need for the critical load designation.

Thanks,

Scott Price
Priority Power Management LLC | *Your Trusted Energy Advisor*
C 903.746.5646
sprice@prioritypower.com | www.prioritypower.net

—  Virus-free. www.avast.com