



## Filing Receipt

**Received - 2021-10-15 08:47:03 AM**  
**Control Number - 52299**  
**ItemNumber - 154**

## Application for Critical Load Status

### Part One:

To be completed by the member. All information is required.

Member Name on Account: East Medina County Special Utility District

Member Account Number: 300-1607-832

Service Address (found on your electric bill)

16485 FM 471 S

Devine, TX 78016

Mailing Address (if different than service address)

PO Box 628

Devine, TX 78016

Member primary phone number:

830-709-3879

Member alternative phone number:

830-931-7424

Member primary email:

balexander@emcsud.dst.tx.us

Member alternate email (if any):

rlemmons@emcsud.dst.tx.us

### Member:

The undersigned, on behalf of the member, has read and understood the information and certifies that the information provided on this Application is correct and understands the information will be used to determine whether the member is eligible for designation of Critical Load Status.

Signature: Bruce Alexander Date: 10-14-21

Printed name: Bruce Alexander Title: Superintendent

## APPLICATION FOR CRITICAL LOAD STATUS

### PART TWO:

To be completed by the member. All information is required.

### Critical load designation category:

(Please select the most applicable category and subcategory, if applicable)

#### Public safety

A member for whom electric service is considered crucial for the protection or maintenance of public safety, including but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities.

"Texas Department of State Health Services license number required"

- ☐ Hospital — trauma center
- ☐ Hospital — with surgery or emergency treatment
- ☐ Licensed day surgery
- ☐ Licensed emergency care
- ☐ Licensed dialysis clinic
- ☐ Licensed birthing clinic
- ☐ Licensed skilled nursing facility
- ☐ Licensed unskilled nursing facility
- ☐ Licensed assisted living facility\*
- ☐ Hospice services facility\*
- ☐ Major or regional airport

☐ Emergency alert system primary or secondary transmitter

☐ 9-1-1 center

☐ Police

☐ Fire

☒ Water/sewage deemed critical — note that some community water and waste facilities may qualify, however, not all individual wells, sewer lift stations etc. qualify as critical

☐ Flood control

☐ Other (explain)

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#### ☐ Industrial

An industrial member for whom an interruption or suspension of electrical service will create a dangerous or life threatening condition on the member's premises.

#### ☐ Natural gas infrastructure

A member that supports natural gas-fired generation, including gas control center or gas compressor plant.

**Please provide detail for consideration of Critical Load status  
and attach supporting information for consideration.**

## Application for Critical Load Status

### Part One:

To be completed by the member. All information is required.

Member Name on Account: East Medina County Special Utility District

Member Account Number: 300-1607-831

Service Address (found on your electric bill)

15341 County Road 5701 #2

Devine, TX 78016

Mailing Address (if different than service address)

PO Box 628

Devine, TX 78016

Member primary phone number:

830-709-3879

Member alternative phone number:

830-931-7424

Member primary email:

balexander@emcsud.dst.tx.us

Member alternate email (if any):

rlemmons@emcsud.dst.tx.us

### Member:

The undersigned, on behalf of the member, has read and understood the information and certifies that the information provided on this Application is correct and understands the information will be used to determine whether the member is eligible for designation of Critical Load Status.

Signature: Bruce A. Alexander

Date: 10-14-21

Printed name: Bruce Alexander

Title: Superintendent

## APPLICATION FOR CRITICAL LOAD STATUS

### PART TWO:

To be completed by the member. All information is required.

### Critical load designation category:

(Please select the most applicable category and subcategory, if applicable)

#### Public safety

A member for whom electric service is considered crucial for the protection or maintenance of public safety, including but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities.

"Texas Department of State Health Services license number required"

- |   |  |
|---|--|
| <input type="checkbox"/> Hospital — trauma center                       | <input type="checkbox"/> Emergency alert system primary or secondary transmitter   |
| <input type="checkbox"/> Hospital — with surgery or emergency treatment | <input type="checkbox"/> 9-1-1 center  |
| <input type="checkbox"/> Licensed day surgery                           | <input type="checkbox"/> Police  |
| <input type="checkbox"/> Licensed emergency care                        | <input type="checkbox"/> Fire  |
| <input type="checkbox"/> Licensed dialysis clinic                       | <input type="checkbox"/> Water/sewage deemed critical — note that some community water and waste facilities may qualify, however, not all individual wells, sewer lift stations etc. qualify as critical |
| <input type="checkbox"/> Licensed birthing clinic                       | <input checked="" type="checkbox"/> <input type="checkbox"/> Flood control   |
| <input type="checkbox"/> Licensed skilled nursing facility              | <input type="checkbox"/> Other (explain)   |
| <input type="checkbox"/> Licensed unskilled nursing facility            |  |
| <input type="checkbox"/> Licensed assisted living facility*             |  |
| <input type="checkbox"/> Hospice services facility*                     |  |
| <input type="checkbox"/> Major or regional airport                      |  |

#### ☐ Industrial

An industrial member for whom an interruption or suspension of electrical service will create a dangerous or life threatening condition on the member's premises.

#### ☐ Natural gas infrastructure

A member that supports natural gas-fired generation, including gas control center or gas compressor plant.

**Please provide detail for consideration of Critical Load status and attach supporting information for consideration.**

## Application for Critical Load Status

### Part One:

To be completed by the member. All information is required.

Member Name on Account: East Medina County Special Utility District

Member Account Number: 1228400005

Service Address (found on your electric bill)

Plant #2 19201 FM 463

Devine, TX 78016

Mailing Address (if different than service address)

PO Box 628

Devine, TX 78016

Member primary phone number:

830-709-3879

Member alternative phone number:

830-931-7424

Member primary email:

balexander@emcsud.dst.tx.us

Member alternate email (if any):

rlemmons@emcsud.dst.tx.us

### Member:

The undersigned, on behalf of the member, has read and understood the information and certifies that the information provided on this Application is correct and understands the information will be used to determine whether the member is eligible for designation of Critical Load Status.

Signature: Bruce A. Alexander

Date: 10-14-21

Printed name: Bruce Alexander

Title: Superintendent

## APPLICATION FOR CRITICAL LOAD STATUS

### PART TWO:

To be completed by the member. All information is required.

### Critical load designation category:

(Please select the most applicable category and subcategory, if applicable)

#### Public safety

A member for whom electric service is considered crucial for the protection or maintenance of public safety, including but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities.

"Texas Department of State Health Services license number required"

- ☐ Hospital — trauma center
- ☐ Hospital — with surgery or emergency treatment
- ☐ Licensed day surgery
- ☐ Licensed emergency care
- ☐ Licensed dialysis clinic
- ☐ Licensed birthing clinic
- ☐ Licensed skilled nursing facility
- ☐ Licensed unskilled nursing facility
- ☐ Licensed assisted living facility\*
- ☐ Hospice services facility\*
- ☐ Major or regional airport

- ☐ Emergency alert system primary or secondary transmitter
- ☐ 9-1-1 center
- ☐ Police
- ☐ Fire

☒ Water/sewage deemed critical — note that some community water and waste facilities may qualify, however, not all individual wells, sewer lift stations etc. qualify as critical

- ☐ Flood control
  - ☐ Other (explain)
- 

#### ☐ Industrial

An industrial member for whom an interruption or suspension of electrical service will create a dangerous or life threatening condition on the member's premises.

#### ☐ Natural gas infrastructure

A member that supports natural gas-fired generation, including gas control center or gas compressor plant.

**Please provide detail for consideration of Critical Load status and attach supporting information for consideration.**

## Application for Critical Load Status

### Part One:

To be completed by the member. All information is required.

Member Name on Account: East Medina County Special Utility District

Member Account Number: 1228400004

Service Address (found on your electric bill)

Pump Station 4 at 3145 CR 467

Devine, TX 78016

Mailing Address (if different than service address)

PO Box 628

Devine, TX 78016

Member primary phone number:

830-709-3879

Member alternative phone number:

830-931-7424

Member primary email:

balexander@emcsud.dst.tx.us

Member alternate email (if any):

rlmmons@emcsud.dst.tx.us

### Member:

The undersigned, on behalf of the member, has read and understood the information and certifies that the information provided on this Application is correct and understands the information will be used to determine whether the member is eligible for designation of Critical Load Status.

Signature: Bruce A. Alexander Date: 10-14-21

Printed name: Bruce Alexander Title: Superintendent



## APPLICATION FOR CRITICAL LOAD STATUS

### PART TWO:

To be completed by the member. All information is required.

### Critical load designation category:

(Please select the most applicable category and subcategory, if applicable)

#### Public safety

A member for whom electric service is considered crucial for the protection or maintenance of public safety, including but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities.

"Texas Department of State Health Services license number required"

- |   |   |
|---|---|
| <input type="checkbox"/> Hospital — trauma center                       | <input type="checkbox"/> Emergency alert system primary or secondary transmitter  |
| <input type="checkbox"/> Hospital — with surgery or emergency treatment | <input type="checkbox"/> 9-1-1 center   |
| <input type="checkbox"/> Licensed day surgery                           | <input type="checkbox"/> Police   |
| <input type="checkbox"/> Licensed emergency care                        | <input type="checkbox"/> Fire   |
| <input type="checkbox"/> Licensed dialysis clinic                       | <input checked="" type="checkbox"/> Water/sewage deemed critical — note that some community water and waste facilities may qualify, however, not all individual wells, sewer lift stations etc. qualify as critical |
| <input type="checkbox"/> Licensed birthing clinic                       | <input type="checkbox"/> Flood control  |
| <input type="checkbox"/> Licensed skilled nursing facility              | <input type="checkbox"/> Other (explain)  |
| <input type="checkbox"/> Licensed unskilled nursing facility            |   |
| <input type="checkbox"/> Licensed assisted living facility*             |   |
| <input type="checkbox"/> Hospice services facility*                     |   |
| <input type="checkbox"/> Major or regional airport                      |   |

#### ☐ Industrial

An industrial member for whom an interruption or suspension of electrical service will create a dangerous or life threatening condition on the member's premises.

#### ☐ Natural gas infrastructure

A member that supports natural gas-fired generation, including gas control center or gas compressor plant.

**Please provide detail for consideration of Critical Load status and attach supporting information for consideration.**

## Application for Critical Load Status

### Part One:

To be completed by the member. All information is required.

Member Name on Account: East Medina County Special Utility District

Member Account Number: 1228400003

Service Address (found on your electric bill)

Plant 5 at 2450 CR 4516

Hondo, TX 78861

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Mailing Address (if different than service address)

PO Box 628

Devine, TX 78016

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Member primary phone number:

830-709-3879

Member alternative phone number:

830-931-7424

Member primary email:

balexander@emcsud.dst.tx.us

Member alternate email (if any):

rlemmons@emcsud.dst.tx.us

### Member:

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Signature: Bruce A. Alexander Date: 10-14-21

Printed name: Bruce Alexander Title: Superintendent

## APPLICATION FOR CRITICAL LOAD STATUS

### PART TWO:

To be completed by the member. All information is required.

### Critical load designation category:

(Please select the most applicable category and subcategory, if applicable)

#### Public safety

A member for whom electric service is considered crucial for the protection or maintenance of public safety, including but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities.

"Texas Department of State Health Services license number required"

- |   |   |
|---|---|
| <input type="checkbox"/> Hospital — trauma center                       | <input type="checkbox"/> Emergency alert system primary or secondary transmitter  |
| <input type="checkbox"/> Hospital — with surgery or emergency treatment | <input type="checkbox"/> 9-1-1 center   |
| <input type="checkbox"/> Licensed day surgery                           | <input type="checkbox"/> Police   |
| <input type="checkbox"/> Licensed emergency care                        | <input type="checkbox"/> Fire   |
| <input type="checkbox"/> Licensed dialysis clinic                       | <input checked="" type="checkbox"/> Water/sewage deemed critical — note that some community water and waste facilities may qualify, however, not all individual wells, sewer lift stations etc. qualify as critical |
| <input type="checkbox"/> Licensed birthing clinic                       | <input type="checkbox"/> Flood control  |
| <input type="checkbox"/> Licensed skilled nursing facility              | <input type="checkbox"/> Other (explain)  |
| <input type="checkbox"/> Licensed unskilled nursing facility            |   |
| <input type="checkbox"/> Licensed assisted living facility*             |   |
| <input type="checkbox"/> Hospice services facility*                     |   |
| <input type="checkbox"/> Major or regional airport                      |   |

#### ☐ Industrial

An industrial member for whom an interruption or suspension of electrical service will create a dangerous or life threatening condition on the member's premises.

#### ☐ Natural gas infrastructure

A member that supports natural gas-fired generation, including gas control center or gas compressor plant.

**Please provide detail for consideration of Critical Load status and attach supporting information for consideration.**

## Application for Critical Load Status

### Part One:

To be completed by the member. All information is required.

Member Name on Account: East Medina County Special Utility District

Member Account Number: 1228400006

Service Address (found on your electric bill)

Plant #6 443 County Road 5635 Alsatian

Castroville, TX 78009

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Mailing Address (if different than service address)

PO Box 628

Devine, TX 78016

\_\_\_\_\_

\_\_\_\_\_

Member primary phone number:

830-709-3879

Member alternative phone number:

830-931-7424

Member primary email:

balexander@emcsud.dst.tx.us

Member alternate email (if any):

rlemmons@emcsud.dst.tx.us

### Member:

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Signature: Bruce Alexander Date: 10-14-21

Printed name: Bruce Alexander Title: Superintendent

## APPLICATION FOR CRITICAL LOAD STATUS

### PART TWO:

To be completed by the member. All information is required.

### Critical load designation category:

(Please select the most applicable category and subcategory, if applicable)

#### Public safety

A member for whom electric service is considered crucial for the protection or maintenance of public safety, including but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities.

"Texas Department of State Health Services license number required"

- |   |   |
|---|---|
| <input type="checkbox"/> Hospital — trauma center                       | <input type="checkbox"/> Emergency alert system primary or secondary transmitter  |
| <input type="checkbox"/> Hospital — with surgery or emergency treatment | <input type="checkbox"/> 9-1-1 center   |
| <input type="checkbox"/> Licensed day surgery                           | <input type="checkbox"/> Police   |
| <input type="checkbox"/> Licensed emergency care                        | <input type="checkbox"/> Fire   |
| <input type="checkbox"/> Licensed dialysis clinic                       | <input checked="" type="checkbox"/> Water/sewage deemed critical — note that some community water and waste facilities may qualify, however, not all individual wells, sewer lift stations etc. qualify as critical |
| <input type="checkbox"/> Licensed birthing clinic                       | <input type="checkbox"/> Flood control  |
| <input type="checkbox"/> Licensed skilled nursing facility              | <input type="checkbox"/> Other (explain)  |
| <input type="checkbox"/> Licensed unskilled nursing facility            |   |
| <input type="checkbox"/> Licensed assisted living facility*             |   |
| <input type="checkbox"/> Hospice services facility*                     |   |
| <input type="checkbox"/> Major or regional airport                      |   |

#### ☐ Industrial

An industrial member for whom an interruption or suspension of electrical service will create a dangerous or life threatening condition on the member's premises.

#### ☐ Natural gas infrastructure

A member that supports natural gas-fired generation, including gas control center or gas compressor plant.

**Please provide detail for consideration of Critical Load status and attach supporting information for consideration.**