

# Filing Receipt

Received - 2021-10-25 03:20:10 PM Control Number - 52299 ItemNumber - 384



MEMBER INFORMATION		·····			
Member Name: City of Bullard			Representative: (If applicable)		
Account Number: 31741	,		Email Address: dwells@bullardtexas.net		
Phone: 903-894-7223	Cell: 903-520-6758	Accou	<sup>nt #:</sup> 31741-006 Meter # 77579669		
Service Address: 23455 F	M 2137				
City: Bullard		State:	Texas	Zip: <b>7</b> 5757	
Billing Address: PO Box 1	07				
City: Bullard		State:	Texas	Zip: 75757	
Additional Contact: David	Vells				
Phone: 903-894-7223 C		Cell: 9	03-520-6758		
FACILITY TYPE AND DES	CRIPTION	4		· · · · · · · · · · · · · · · · · · ·	
Reason for critical load request:	] Medical reason (oxygen etc.]	🛛 P	ublic Service (Airport, Municipal, etc.)	Critical load industrial	
Ľ.	Critical load electrical	0	ther: <u>Water well # 7</u>		
Existing electrical redundanc	y: 🗹 YES [ˈi NO	If yes,	please give details: <u>On Site General</u>	kar	
SERVICE INFORMATION					
CHECK ONE: HOME		ME 🗌	BARN/SHOP 🛛 WELL PUMP/OTHER 🗌 INDUS	TRIAL	
DISCLAIMER AND SIGNA	TURE				
Member or Member's Authorized Representative's Signature:		0	hlle	Date: 10/25/2021	
Printed Name of Signer ar applicable:	nd Title of Representative if	De	wich Wells	111 - 11 - 11 - 11 - 11 - 11 - 11 - 11	
Cooperative representative	e signature:				
Main Office: Rusk			District Office: Cha	pel Hill	

Ph (903) 683-2248 · Toll Free (800) 992-4280 · Fax 903-683-5012 P.O. Box 257 / 29880 Hwy 69 North · Rusk, TX 75785



MEMBER INFORMATION				
Member Name: City of Bullard			Representative: (If applicable)	
Account Number: 31741			Email Address: dwells@bullardtexas.net	
Phone: 903-894-7223	3 Cell: 903-520-6758 Accou		<sup>nt</sup> #: 31741-002 Meter # 31327	
Service Address: 328	Bois D Arc			
City: Bullard		State:	Texas	Zip: 75757
Billing Address: PO Box	107			
City: Bullard		State:	Texas	Zip: 75757
Additional Contact: David	Wells			
Phone: 903-894-7223		Cell: g	003-520-6758	
FACILITY TYPE AND DE	SCRIPTION			an a
Reason for critical load request:	Medical reason (oxygen etc.)	. 🛛 F	Public Service (Airport, Municipal, etc.)	Critical load industrial
	Critical load electrical		Other: Water Tower	
Existing electrical redundancy: 🗌 YES 🛛 NO If yes, please give details:				
SERVICE INFORMATION	N			Free strategy and the strategy strategy strategy and the strategy strategy strategy strategy and strategy st
CHECK ONE: 🗌 HOM	ie 🔲 office 🗍 mobile h	IOME [	] BARN/SHOP 🛛 WELL PUMP/OTHER 🗌 INDUS	TRIAL
DISCLAIMER AND SIGN	IATURE			
Member or Member's Authorized Representati	ve's Signature:	Jam	Philp	Date: 10/25/2021
Printed Name of Signer applicable:	and Title of Representative	<sup>if</sup> Dc	uich Wells	
Cooperative representat	tive signature:			
Main Office: Rusk			District Office: Cha	pel Hill

Ph (903) 683-2248 · Toll Free (800) 992-4280 · Fax 903-683-5012 P.O. Box 257 / 29880 Hwy 69 North · Rusk, TX 75785



MEMBER INFORMATION					
Member Name: City of Bullard		Representative: (If applicable)			
Account Number: 31741		Email Address: dwells@bullardtexas.net			
Phone: 903-894-7223	Cell: 903-520-6758	Accoui	nt #:31741-003 Meter # 77355543		
Service Address: 8278 CR	152 West			. And the second se	
City: Bullard	· · · · · · · · · · · · · · · · · · ·	State:	Texas	Zip: 75757	
Billing Address: PO Box 1	07				
City: Bullard		State:	Texas	Zip: 75757	
Additional Contact: David	Wells		·		
Phone: 903-894-7223		Cell: 9	03-520-6758	ېې ۲۰ مې د مېرو د مېرو د د مې د د د د د د د د د د د د د د د د	
FACILITY TYPE AND DES	CRIPTION		na se an anna an Anna Anna an Anna anna a		
Reason for critical Cad request:	Medical reason (oxygen etc.)	2 P	ublic Service (Airport, Municipal, etc.)	Critical load industrial	
	Critical load electrical	□c	ther: <u>Water Well #6</u>		
Existing electrical redundanc	y: 🗌 YES 🖾 NO	If yes,	please give details:		
SERVICE INFORMATION					
CHECK ONE: 🔲 HOME		DME 🗌	BARN/SHOP 🛛 WELL PUMP/OTHER 🗌 INDUS	TRIAL	
DISCLAIMER AND SIGNA	TURE				
Member or Member's Authorized Representative's Signature:			Ren	Date: 10/25/2021	
Printed Name of Signer and Title of Representative if applicable: David Wells					
Cooperative representativ	e signature:				
Main Office: Rusk			District Office: Cha	pel Hill	

Ph (903) 683-2248 · Toll Free (800) 992-4280 · Fax 903-683-5012 P.O. Box 257 / 29880 Hwy 69 North · Rusk, TX 75785



MEMBER INFORMATION					
Member Name: City of Bullard		Representative: (If applicable)			
Account Number: 31741			Email Address: dwells@bullardtexas.net	10.00 0.00.000 0.00000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00	
Phone: 903-894-7223	Cell: 903-520-6758	Accour	nt #: 31741-005 Meter # 77467967		
Service Address: CR 14	45 GPS 32.15318 -95.3	1678		··· . · · · · · · · · · · · · · · · · ·	
City: Bullard		State:	Texas	Zip: 75757	
Billing Address: PO Box 1	07		•		
City: Bullard		State:	Texas	Zip: 75757	
Additional Contact: David	Wells			· · · · · · · · · · · · · · · · · · ·	
Phone: 903-894-7223		Cell: 9	03-520-6758		
FACILITY TYPE AND DES	CRIPTION				
Reason for critical	] Medical reason (oxygen etc.)	Ø P	ublic Service (Airport, Municipal, etc.)	Critical load industrial	
Critical load electrical  Other: <u>Sewer Lift Station</u>					
Existing electrical redundanc	y: 🗌 YES 📈 NO	If yes,	please give details:		
SERVICE INFORMATION					
		оме [	BARN/SHOP 🛛 WELL PUMP/OTHER 🗌 INDUS	TRIAL	
DISCLAIMER AND SIGNA	TURE				
Member or Member's Authorized Representative's Signature:			RAF	Date: 10/25/2021	
Printed Name of Signer a applicable:	nd Title of Representative if	Doc	nicl Wells		
Cooperative representativ	/e signature:				
Main Office: Rusk			District Office: Cha	pel Hill	

Ph (903) 683-2248 · Toll Free (800) 992-4280 · Fax 903-683-5012 P.O. Box 257 / 29880 Hwy 69 North · Rusk, TX 75785



MEMBER INFORMATION			n an		
Member Name: City of Bullard			Representative: (If applicable)		
Account Number: 31741			Email Address: dwells@bullardtexas.net		
Phone: 903-894-7223	Cell: 903-520-6758	Accour	<sup>nt #:</sup> 31741-008 Meter # 95650268		
Service Address: 1124 N	late Circle	1 -			
City: Bullard		State:	Texas	Zip: 75757	
Billing Address: PO Box 1	07				
City: Bullard		State:	Texas	Zip: 75757	
Additional Contact: David	Wells				
Phone: 903-894-7223		Cell: 9	03-520-6758		
FACILITY TYPE AND DES	CRIPTION	8172.12 1.11.1.1			
Reason for critical	] Medical reason (oxygen etc.)	2 P	ublic Service (Airport, Municipal, etc.)	Critical load industrial	
Critical load electrical  Other: <u>Sewer Lift Station</u>					
Existing electrical redundance	cy: 🗌 YES 🛛 NO	If yes,	please give details:		
SERVICE INFORMATION					
CHECK ONE: 🗌 HOME	OFFICE 🗌 MOBILE HO	оме 🗌	] Barn/Shop 🛛 Well Pump/other 🗌 INDUST	RIAL	
DISCLAIMER AND SIGN	ATURE				
Member or Member's Authorized Representative's Signature:		enel	Min Date: 10/25/2021		
Printed Name of Signer a applicable:	nd Title of Representative if	Da	theher	• • • • • • • • • • • • • • • • • • •	
Cooperative representativ	ve signature:				
Main Office: Rusk		. ,	District Office: Chap	oel Hill	

.

Ph (903) 683-2248 · Toll Free (800) 992-4280 · Fax 903-683-5012 P.O. Box 257 / 29880 Hwy 69 North · Rusk, TX 75785



MEMBER INFORMATION				
Member Name: City of Bullard		Representative: (If applicable)		
Account Number: 31741		Email Address: dwells@bullardtexas.net		
Phone: 903-894-7223	Cell: 903-520-6758 Accou		<sup>nt</sup> #:31741-007 Meter <b>#</b> 30047	
Service Address: 151 Re	union Place			
City: Bullard		State:	Texas	Zip: 75757
Billing Address: PO Box	107			
City: Bullard		State:	Texas	Zip: 75757
Additional Contact: David	Wells			
Phone: 903-894-7223		Cell: g	903-520-6758	
FACILITY TYPE AND DES	SCRIPTION	an ta ta ta ta ta		المراجع المراجع مراجع المراجع ال
Reason for critical [ load request:	] Medical reason (oxygen etc.)	[ [] P	Public Service (Airport, Municipal, etc.)	Critical load industrial
[	Critical load electrical		Other:Sewer Lift Station	
Existing electrical redundan	cy: 🗌 YES 💟 NO	If yes,	, please give details:	
SERVICE INFORMATION				
CHECK ONE: 🗌 HOMI	E 🗍 OFFICE 🗌 MOBILE HO	ОМЕ 🗌	] Barn/Shop 🛛 Well Pump/other 🗌 INDUS	TRIAL
DISCLAIMER AND SIGN	ATURE			
Member or Member's Authorized Representative's Signature:		w	mlk	Date: 10/25/2021
Printed Name of Signer a applicable:	and Title of Representative in	f De	svid Welli	
Cooperative representati	ve signature:			
Main Office: Rusk			District Office: Cha	ipel Hill

Ph (903) 683-2248 · Toll Free (800) 992-4280 · Fax 903-683-5012 P.O. Box 257 / 29880 Hwy 69 North · Rusk, TX 75785



MEMBER INFORMATION					
Member Name: City of Bullard			Representative: (If applicable)		
Account Number: 31741			Email Address: dwells@bullardtexas.net	11-100-000 (000-000-000-000-000-000-000-000-	
Phone: 903-894-7223	Cell: 903-520-6758	Accou	<sup>nt #:</sup> 31741-011 Meter # 77467898		
Service Address: 336 Sic	les Blvd.			· · · · · · · · · · · · · · · · · · ·	
City: Bullard		State:	Texas	Zip: 75757	
Billing Address: PO Box 1	07				
City: Bullard		State:	Texas	Zip: 75757	
Additional Contact: David	Wells				
Phone: 903-894-7223		Cell: 9	03-520-6758		
FACILITY TYPE AND DES	CRIPTION				
Reason for critical	] Medical reason (oxygen etc.)	Ø P	ublic Service (Airport, Municipal, etc.)	Critical load industrial	
E	Critical load electrical	□ c	Other:Sewer Lift Station		
Existing electrical redundance	cy: 🗌 YES 🔽 NO	If yes,	please give details:		
SERVICE INFORMATION					
CHECK ONE: 🗌 HOME		ОМЕ 🗌	] Barn/Shop 🛛 Well Pump/other 🗌 INDUS	TRIAL	
DISCLAIMER AND SIGNA	TURE				
Member or Member's Authorized Representativ	e's Signature:	) /	her	Date: 10/25/2021	
Printed Name of Signer a applicable:	nd Title of Representative if	f Da	with Jells	n management of the splitched data data and a constant and the second second second second second second second	
Cooperative representativ	ve signature:				
Main Office: Rusk			District Office: Cha	pel Hill	

Ph (903) 683-2248 · Toll Free (800) 992-4280 · Fax 903-683-5012 P.O. Box 257 / 29880 Hwy 69 North · Rusk, TX 75785

The following files are not convertible:

Copy of Oncor Critical Load Application Template - Bullard v2.xlsx

Please see the ZIP file for this Filing on the PUC Interchange in order to access these files.

Contact centralrecords@puc.texas.gov if you have any questions.

561 East Handason 65



# Application for Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) Status

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25.497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

# 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.

\* Required Fields

Submitter's Conta	act Information
Email Address *	
dwells@bullardtexas.ne	
First Name *	Last Name *
David	Wells
Phone Number	
9038947223	

Reason for application (please choose one)\*

O Annual Renewal

### **Retail Electric Provider Details**

☐Are you a Retail Electric Provider?

Customer	Contact	Details
----------	---------	---------

Name (if different from above	ve):
David Wells	
Contact Title:	
Utilities Director	
Mailing Address (please inc	clude City, ST, & Zip):
PO Box 107	
Phone:	Cell:
Phone: 903-894-7223	Cell: 903-520-6758
and an an an address of the State State State and a second state and a state state and a state state State State	Namila de la compactica d Altre compactica de la comp

### Service Address Information

Customer: (Customer Name associated with the ESI ID or Premise). \*

10176990003324370

Street: (if street address is unavailable, please provide nearby roadway, and/or distance to the closest town). Or enter Latitude/Longitude below (if entering Latitude/Longitude, please enter 'N/A' here). \*

561	East Henderson	Street	
Latitu	ude/Longitude (if ki	nown):	
í	anna a suise. Bear anns anns an suisean dear anns an suisean anns an suisean anns an suisean anns an suisean s	— mana e sensibilitati adalam dan ya dan ya dan ya mana adala da ka d	

City: \*

Bullard

Zip Code: \*
75757

ESI ID (17 digits): \*

10176990003324370

### **Facility Type and Description**

**Please select the type of facility and/or describe the specific public safety issue** that may result from an interruption of normal power service (reference <u>Public Utility Commission of Texas</u> <u>Substantive Rule 25.497</u>):

Start by selecting the applicable services group for this application from the following (select only one)

☐ Healthcare Services

🔁 Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

Critical Load Industrial

### Public Services (Airport, Municipal, etc.) Facility Type

O Major or Regional Airport

Water/Sewage deemed critical\*\* Note: not all qualify as

O Police

O 911 Center
 O Fire
 O Emergency Alert System Primary or Secondary Transmitter
 O Other (explain below)\*\*

critical

○ Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

#### Please provide details to support your selection (required)\*\*

	3
Sewer Lift Station	-
Contra Lint Occurrent	
	l l
	1
	2
	1
	1
	٦
	-

#### Describe any existing battery or backup capacity or dual feed capability (required)\*

Battery Backup Backup Backup Capacity (kW) Backup Ceneration Owner of transfer switch Utility dual feed capability Length of time the facility can operate without electricity from the electric utility: 20 min. Length of time required for start-up following a power outage: 30 sec.	,
Back up capacity (kw) Back up capacity (kw) Back up capacity (kw) Back up capacity (kw) Common of transfer switch Common of transfer switch Common of time the facility can operate without electricity from the electric utility: 20 min.	
Backup Generation Owner of transfer switch Utility dual feed capability Length of time the facility can operate without electricity from the electric utility:	
Backup Generation Owner of transfer switch	
Backup Generation Owner of transfer switch	
	••••••••••••••••••••••••••••••••••••••
	na mana mana na na 1974. Ila ka ka mana na mana ka na na ka na na mana ka na na mana ka na na na na na na na na Mana mana na
None Back up capacity (kW)	n e d'Allan e anné de la contra d Angla antinizia de la contra de la

Feel free to attach any applicable files. (maximum of 5)

# **Critical Load Application Submitted**

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210907-001476** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.

If you need to submit another application release, please select the **Critical Load Application** tab above.

East Hendason



# Application for Critical Load Public Safety or Critical Load Industrial Customer (Non-

# **Residential) Status**

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25.497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

#### 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.

#### \* Required Fields

Submitter's Conta	t Information
Email Address *	
dwells@bullardtexas.net	
First Name *	Last Name *
David	Wells
Phone Number	
903-894-7223	

Reason for application (please choose one)\*

Retail Electric Provid	er Details	The second s
_Are you a Retail Electric P	ovider?	
Customer Contact D	etails	272227 - 126326 - 52 - 52 - 52 - 52 - 52 - 52 - 52 -
Name (if different from above):	ور در بار در	
David Wells		
Contact Title:		
Utilities Director		,
Mailing Address (please includ	City, ST, & Zip):	
PO Box 107 Bullard, Texas	75757	
Phone:	Cell:	
	903-520-6758	
903-894-7223		
anna an an an an ann an Anna A		
903-894-7223 Email Address: dwells@bullardtexas.net		
Email Address: dwells@bullardtexas.net Service Address Inf	······································	
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard	ormation sociated with the ESI ID or Premise). *	
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una	prmation sociated with the ESI ID or Premise). *	nd/or distance to the closest town). Or ter 'N/A' here). *
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una	prmation sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, a (if entering Latitude/Longitude, please ent	nd/or distance to the closest town). Or ter 'N/A' here). *
Email Address: dwells@bullardtexas.net Service Address Inf Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude belov	prmation sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, a (if entering Latitude/Longitude, please ent	nd/or distance to the closest town). Or ter 'N/A' here). *
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 700 East Henderson Stree	prmation sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, a (if entering Latitude/Longitude, please ent	nd/or distance to the closest town). Or ter 'N/A' here). *
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 700 East Henderson Stree Latitude/Longitude (if known):	prmation sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, a (if entering Latitude/Longitude, please ent	nd/or distance to the closest town). Or ter 'N/A' here). *
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 700 East Henderson Stree	prmation sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, a (if entering Latitude/Longitude, please ent	nd/or distance to the closest town). Or ter 'N/A' here). *
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude belov 700 East Henderson Stree Latitude/Longitude (if known):	prmation sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, a (if entering Latitude/Longitude, please ent Zip Code: *	nd/or distance to the closest town). Or ter 'N/A' here). *
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude belov 700 East Henderson Stree Latitude/Longitude (if known): City: * Bullard	prmation sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, a (if entering Latitude/Longitude, please ent Zip Code: *	nd/or distance to the closest town). Or ter 'N/A' here). *

Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference <u>Public Utility Commission of Texas</u> Substantive Rule 25.497): Start by selecting the applicable services group for this application from the following (select only one)

Healthcare Services

Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

Critical Load Industrial

## Public Services (Airport, Municipal, etc.) Facility Type

O Major or Regional Airport

O Police

Water/Sewage deemed critical\*\* Note: not all qualify as 911 Center
Fire
Emergency Alert System Primary or Secondary Transmitter
Other (explain below)\*\*

critical

O Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

Please provide details to support your selection (required)\*\*

Sewer lift station	1
	Sala Bransan
	annan sha'n 2018

#### Describe any existing battery or backup capacity or dual feed capability (required)\*

None	Back up capacity (kW)
Battery Backup	Back up capacity (kW)
□ Backup Generation	Owner of transfer switch
Utility dual feed capability	
Length of time the facility can operate	vithout electricity from the electric utility:
20 min.	
Length of time required for start-up foll	owing a power outage:
30 sec.	
Attachments	

Feel free to attach any applicable files. (maximum of 5)

# Critical Load Application Submitted

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210907-001489** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.

If you need to submit another application release, please select the **Critical Load Application** tab above.

528 East Main Street LS



# Application for Critical Load Public Safety or Critical Load Industrial Customer (Non-

## **Residential**) Status

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25.497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

#### 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.

\* Required Fields

Submitter's	Contact Information
	nd for the neuronal states is an any comparison of the state of the state of the state of the states of

Email Address *	\$1.1.1.1.2.2.1
dwells@bullardtexas.net	
First Name *	Last Name *
[David]]	Wells
Phone Number	
903-894-7223	
David Phone Number 903-894-7223	Wells

Reason for application (please choose one)\*

Retail Electric Provid	ler Details	
∃Are you a Retail Electric F	rovider?	
Customer Contact D	etails	
Name (if different from above):	ما الم الم الم الم الم الم الم الم الم ا	
David Wells	مان من المراجع عن المراجع ال المراجع المراجع	
Contact Title:	و مېرو د ور و و و و و و و و و و و و و و و و	auxy
Utilities Director	yayamayaana hafaa ayaa aha ahayaa ahaa ahaa ahaa a	]
Mailing Address (please includ	e City, ST, & Zip):	1147 H = 10
PO Box 107 Bullard, Texas	75757	
Phone:	Cell:	
903-894-7223	903-520-6758	
Email Address:		
dwells@bullardtexas.net	مهم می از می از می این این این این این این این این این ای	
Service Address Inf Customer: (Customer Name as	ormation ssociated with the ESI ID or Premis	e). *
City of Bullard		
Street: (if street address is un enter Latitude/Longitude belo	available, please provide nearby ro w (if entering Latitude/Longitude, p	adway, and/or distance to the closest town). O lease enter 'N/A' here). *
528 East Main Street	ra na	
Latitude/Longitude (if known)	ه ۱ ۱	ann an
	an an de le faire an anna an 1919 a bhfadan an ta ann an 1919 a bhfad ann air fa bhfad an air air fadh an an an	
City: *	Zip Code: *	
Bullard	75757	
ESI ID (17 digits): *		medium of a
10776990007879320	د المحمد الم محمد المحمد ال	Numerature and the second se
Expected Input: #########	·	

Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference <u>Public Utility Commission of Texas</u> <u>Substantive Rule 25.497</u>):

Start by selecting the applicable services group for this application from the following (select only one)

Healthcare Services

Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

Critical Load Industrial

## Public Services (Airport, Municipal, etc.) Facility Type

O Major or Regional Airport

**O** Police

Water/Sewage deemed critical\*\* Note: not all qualify as 911 Center
Fire
Emergency Alert System Primary or Secondary Transmitter
Other (explain below)\*\*

critical

O Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

Please provide details to support your selection (required)\*\*

Sewer Lift Station

### Describe any existing battery or backup capacity or dual feed capability (required)\*

None	
Battery Backup	Back up capacity (kW)
	Back up capacity (kW)
□ <sup>Backup</sup> Generation	Owner of transfer switch
Utility dual feed capability	
Length of time the facility can operate t	without electricity from the electric utility:
20 min.	
Length of time required for start-up fol	lowing a power outage:
30 sec.	anti-al-adi anna kana ang mang mang mang mang mang mang ma
Attachments	

Feel free to attach any applicable files. (maximum of 5)

# **Critical Load Application Submitted**

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210907-001504** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.

If you need to submit another application release, please select the **Critical Load Application** tab above.

15 400 Lynch Prive



# Application for Critical Load Public Safety or Critical Load Industrial Customer (Non-

# **Residential**) Status

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25.497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

### 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.

\* Required Fields

Submitter's Contact Information		
Email Address * dwells@bullardtexas.net		
First Name *	Last Name *	
David	Wells	
Phone Number		
903-894-7223		

Reason for application (please choose one)\*

Retail Electric Provid	ler Details	
		а талана ал ал ал ал ал ал ал андарыны алаан ал ал ал ал ал ал ан анал ал а
∃Are you a Retail Electric P		
Customer Contact D	etails	чи али аладым чүре тала али али или али али али али али али
lame (if different from above):		
David Wells	na () Do haran waxaya ya	
Contact Title:		
Utilities Director	و مورک میکند. همانین از این میکند از این میکند. همانین مرکز این کار میکند از این میکند.	
Mailing Address (please includ	e City, ST, & Zip):	waren of Add A America
PO Box107 Bullard,Texas 7	<sup>7</sup> 5757	
Phone:	Cell:	
903-894-7223	903-520-6758	
Email Address:		
dwells@bullardtexas.net	مىسى مەركە يىرى بىلىرىدىنىڭ بەركەر بىلىرىكە يەركەر يەركەر يەركەر يەركەر يەركەر يەركەر يەركەر يەركەر يەركەر يەر يەركەر يېرىكەر يېرىكەر يەركەر يەرك	
Service Address Inf	armatian	
		агалдагыл түчүлүү түчүлдөгү түсүлө байдагы, түчүлүү дүгүлө байлагдага алагдагт үчөлдөлөндөгү учулалында дүрүшийн Т
	sociated with the ESI ID or Pren	nise). *
City of Bullard		
Street: (if street address is una enter Latitude/Longitude below	available, please provide nearby v (if entering Latitude/Longitude	roadway, and/or distance to the closest town). Or , please enter 'N/A' here). *
400 Lynch Drive		
Latitude/Longitude (if known):		
	ساین کرد از میکند با این میکند و دیگری با میکند. مرکز این میکند از میکند و میکند از میکند از میکند از میکن میکند از میکند و میکند از میکند از میکند و میکند و میکند	· · · · · · · · · · · · · · · · · · ·
City: *	Zip Code: *	
Bullard	75757	
		19.11.11.11.11.11.11.11.11.11.11.11.11.1
ESI ID (17 digits): *		8
ESI ID (17 digits): * 10176990006770202	ین سیاست و در بازی از این می از این	

Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference <u>Public Utility Commission of Texas</u> Substantive Rule 25.497): Start by selecting the applicable services group for this application from the following (select only one)

Healthcare Services

Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

Critical Load Industrial

## Public Services (Airport, Municipal, etc.) Facility Type

O Major or Regional Airport

O Police

Water/Sewage deemed critical\*\* Note: not all qualify as 911 Center
Fire
Emergency Alert System Primary or Secondary Transmitter
Other (explain below)\*\*

critical

O Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

Please provide details to support your selection (required)\*\*

······································		
O		
Sewer Lift Station		i
		-
		AU002
		1
	١.	
		(

Describe any existing battery or backup capacity or dual feed capability (required)\*

None	
	Back up capacity (kW)
□ <sup>Battery Backup</sup>	Back up capacity (kW)
Backup Generation	Owner of transfer switch
□ Utility dual feed capability	
Length of time the facility can operate w	rithout electricity from the electric utility:
20 min.	
Length of time required for start-up folic	wing a power outage:
30 sec.	
Attachments	
	·

Feel free to attach any applicable files. (maximum of 5)

# **Critical Load Application Submitted**

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210907-001522** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.

If you need to submit another application release, please select the **Critical Load Application** tab above.

600 North Houston streat LS



# Application for Critical Load Public Safety or Critical Load Industrial Customer (Non-

# **Residential**) Status

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25,497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

### 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.

\* Required Fields

Submitter's Contac	t Information
Email Address *	
dwells@hullardtexas.net	
First Name *	Last Name *
David	Wells
Phone Number	
903-894-7223	
	· · · · · · · · · · · · · · · · · · ·

Reason for application (please choose one)\*

Retail Electric Provid	er Details	
∫Are you a Retail Electric P	ovider?	
Customer Contact D	etails	
Name (if different from above):	ور در این می این می این می این می	N N
David Wells	دوم مساوحه مرد مستوسط مرکز با در معرف در مرد مستور بر مرد مستور با در مرد مستور با در مرد مرد می مستوسط مرد م	
Contact Title:	اندان المالي المحمد المحمد محمد المحمد ا	٠ •
Utilities Director	موجعه من المراجع المراجع والمراجع والم	
Mailing Address (please include	City, ST, & Zip):	ň
PO Box 107 Bullard, Texas 7	5575757 	
Phone:	Cell:	
903-894-7223	903-520-6758	
000 00		
Email Address:		~
ayan ta kara ay na yang ya ana maka dan dan dan kara kara kara kara na manakan dan dan dan dan dan dan dan dan		]
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as	ormation sociated with the ESI ID or Premise).	n 
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard	sociated with the ESI ID or Premise).	
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una	sociated with the ESI ID or Premise). vailable, please provide nearby road	way, and/or distance to the closest town). Or
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below	sociated with the ESI ID or Premise).	way, and/or distance to the closest town). Or
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 600 North Houston Street	sociated with the ESI ID or Premise). vailable, please provide nearby road	way, and/or distance to the closest town). Or
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below	sociated with the ESI ID or Premise). vailable, please provide nearby road	way, and/or distance to the closest town). Or
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 600 North Houston Street Latitude/Longitude (if known):	sociated with the ESI ID or Premise). vailable, please provide nearby road (If entering Latitude/Longitude, plea	way, and/or distance to the closest town). Or
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 600 North Houston Street Latitude/Longitude (if known): City: *	sociated with the ESI ID or Premise). vailable, please provide nearby road	way, and/or distance to the closest town). Or
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 600 North Houston Street Latitude/Longitude (if known): City: * Bullard	sociated with the ESI ID or Premise). vailable, please provide nearby road (if entering Latitude/Longitude, plea Zip Code: *	way, and/or distance to the closest town). Or
Email Address: dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 600 North Houston Street Latitude/Longitude (if known): City: *	sociated with the ESI ID or Premise). vailable, please provide nearby road (if entering Latitude/Longitude, plea Zip Code: *	way, and/or distance to the closest town). Or

Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference <u>Public Utility Commission of Texas</u> <u>Substantive Rule 25.497</u>):

Start by selecting the applicable services group for this application from the following (select only one)

Healthcare Services

Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

Critical Load Industrial

## Public Services (Airport, Municipal, etc.) Facility Type

O Major or Regional Airport

○ Police

Water/Sewage deemed critical\*\* Note: not all qualify as

O 911 Center **O** Fire O Emergency Alert System Primary or Secondary Transmitter O Other (explain below)\*\*

critical

O Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

Please provide details to support your selection (required)\*\*

	ð.
Sewer Lift Station	William provide the
	NAMES AND A
	, , ,

## Describe any existing battery or backup capacity or dual feed capability (required)\*

Length of time required for start-up follo	owing a power ourage.
20 min.	
☐ Utility dual feed capability Length of time the facility can operate w	vithout electricity from the electric utility:
□ Backup Generation	Owner of transfer switch
Battery Backup	Back up capacity (kW)
1000	Back up capacity (kW)
None	

Feel free to attach any applicable files. (maximum of 5)

# **Critical Load Application Submitted**

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210907-001545** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.

If you need to submit another application release, please select the **Critical Load Application** tab above.

305 North Roth Schert

Woll #4



# Application for Critical Load Public Safety or Critical Load Industrial Customer (Non-

# **Residential**) Status

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25.497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

### 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.

\* Required Fields

### Submitter's Contact Information

Email Address *	
dwells@bullardtexas.net	
First Name *	Last Name *
David	Wells
Phone Number	
903-894-7223	

Reason for application (please choose one)\*

Retail Electric Provic	ler Details	
<sub>]</sub> Are you a Retail Electric P	rovider?	
Customer Contact D	etails	
lame (if different from above):	a management of the second	u e e de de de la constante de
David Wells	المواجع من من المراجع الذي المواجع المواجع الأليات المواجع عنه المواجع المواجع المواجع المواجع المراجع المواجع و المراجع المواجع المواجعة المواجع	
contact Title:	ور می برد. می از این	
Jtilities Director	یک استان کا می ایندان این این این این این این این این این ا	
Aailing Address (please includ	e City, ST, & Zip):	
PO Box 107 Bullard,Texas	75757	
hone:	Cell:	
903-894-7223	903-520-6758	
Email Address:		
dwells@bullardtexas.net	پېرىمىيە سەر يەرىپىرىكى بىرىمىيە بىرىمىيە بىرىمىيە يېرىمىيە يەرىپىرىمىيە يەرىپىرىمىيە بىرىمىيە بىرىمىيە بىرىمىي يېرىمىيەسىيەر بىرىمىيە	
والمحمد والرجية والمستحد والمحمد والمراجع والمستحد والمحمد والمحمد والمحمد والمحمد والمحمد والمحاف والمحاف والمحمد والم	ormation ssociated with the ESI ID or Pret	nise). *
City of Bullard		
Street: (if street address is un enter Latitude/Longitude belo	available, please provide nearby w (if entering Latitude/Longitude	v roadway, and/or distance to the closest town). O e, please enter 'N/A' here). *
305 North Rather Street		
Latitude/Longitude (if known)		
City: *	Zip Code: *	**************************************
Bullard	75757	
ESI ID (17 digits): *	سو که در محمد اور می ورد اور می ورد اور می ورد	and the second
4047000007202406		
10176990007392496	and Will Wanters by the manufacture developed of a Chipper and a Chipper a Scale of the Chipper and the Chippe	

Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference <u>Public Utility Commission of Texas</u> <u>Substantive Rule 25.497</u>):

Start by selecting the applicable services group for this application from the following (select only one)

Healthcare Services

Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

Critical Load Industrial

## Public Services (Airport, Municipal, etc.) Facility Type

O Major or Regional Airport

O Police

Water/Sewage deemed critical\*\* Note: not all qualify as 911 Center
Fire
Emergency Alert System Primary or Secondary Transmitter
Other (explain below)\*\*

critical

O Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

Please provide details to support your selection (required)\*\*

	ž
Ground Water Well	
GIVUIN VALOI VOI	2
	ž
	3
	1
	1
	1
	1
	ŝ
	1
	1
	1
	6
	9
	ş
	- E
	4
	- 1
	- 1
	11

### Describe any existing battery or backup capacity or dual feed capability (required)\*

None	Back up capacity (kW)
Battery Backup	Back up capacity (kW)
□ Backup Generation	Owner of transfer switch
Utility dual feed capability	
Length of time the facility can operate v	without electricity from the electric utility:
0	
Length of time required for start-up foll	owing a power outage:
$1_{\text{min.}}$	
F	
Attachments	

Feel free to attach any applicable files. (maximum of 5)

# **Critical Load Application Submitted**

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210907-001553** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.

If you need to submit another application release, please select the **Critical Load Application** tab above.

Rather Street LS



# Application for Critical Load Public Safety or Critical Load Industrial Customer (Non-

# **Residential**) Status

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25.497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

#### 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.

\* Required Fields

Submitter's Conta	ct Information
-------------------	----------------

Email Address *	anta-1991 da interest a la constituta da la constituta da mante en esta da la constituta da mante en esta da se Interest da la constituta d
dwells@bullardtexas.net	
First Name *	Last Name *
David	Wells
Phone Number	
903-894-7223	

Reason for application (please choose one)\*

	er Details	
_Are you a Retail Electric F	ovider?	
Customer Contact D	tails	9 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -
Name (if different from above):		
David Wells		
Contact Title:		
Utilities Director		
Mailing Address (please includ	City, ST, & Zip):	
PO Box 107 Bullard, Texas	5757	
Phone:	Cell:	
903-894-7223	903-520-6758	
Email Address:		
dwells@bullardtexas.net		
dwells@bullardtexas.net Service Address Inf Customer: (Customer Name at	ormation	
Service Address Inf Customer: (Customer Name at City of Bullard Street: (if street address is un	и выда за случава водити и на сели и сели и сели водение со средника долго на закој и на сели да сели и сели на селина водина водина води На водити сели водити на сели сели сели сели сели сели сели сели	sest town). O
dwells@bullardtexas.net Service Address Inf Customer: (Customer Name at City of Bullard Street: (if street address is un	ociated with the ESI ID or Premise). *	sest town). O
dwells@bullardtexas.net Service Address Inf Customer: (Customer Name at City of Bullard Street: (if street address is un enter Latitude/Longitude below	ociated with the ESI ID or Premise). *	sest town). O
dwells@bullardtexas.net Service Address Inf Customer: (Customer Name at City of Bullard Street: (if street address is un enter Latitude/Longitude below Rather street	ociated with the ESI ID or Premise). *	sest town). O
dwells@bullardtexas.net Service Address Inf Customer: (Customer Name at City of Bullard Street: (if street address is un enter Latitude/Longitude belov Rather street Latitude/Longitude (if known)	ociated with the ESI ID or Premise). *	sest town). O
dwells@bullardtexas.net Service Address Inf Customer: (Customer Name at City of Bullard Street: (if street address is un enter Latitude/Longitude below Rather street Latitude/Longitude (if known) 32.141988, -95.324504	ociated with the ESI ID or Premise). * railable, please provide nearby roadway, and/or distance to the clo (if entering Latitude/Longitude, please enter 'N/A' here). *	sest town). O
dwells@bullardtexas.net Service Address Inf Customer: (Customer Name at City of Bullard Street: (if street address is un enter Latitude/Longitude belov Rather street Latitude/Longitude (if known) 32.141988, -95.324504 City: *	Example 2 for the contrast of	sest town). O
dwells@bullardtexas.net Service Address Inf Customer: (Customer Name at City of Bullard Street: (if street address is un enter Latitude/Longitude belov Rather street Latitude/Longitude (if known) 32.141988, -95.324504 City: * Bullard	railable, please provide nearby roadway, and/or distance to the clo (if entering Latitude/Longitude, please enter 'N/A' here). * Zip Code: * 75757	sest town). O

Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference <u>Public Utility Commission of Texas</u> <u>Substantive Rule 25.497</u>):

Start by selecting the applicable services group for this application from the following (select only one)

Healthcare Services

Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

Critical Load Industrial

## Public Services (Airport, Municipal, etc.) Facility Type

$\cap$	Maic	n or	Regional	Airport
5	walc	1 01	Negionai	mpore

O Police

Water/Sewage deemed critical\*\* Note: not all qualify as 911 Center
Fire
Emergency Alert System Primary or Secondary Transmitter
Other (explain below)\*\*

critical

O Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

Please provide details to support your selection (required)\*\*

Sewer Lift Station	
Sewer Lin Station	

### Describe any existing battery or backup capacity or dual feed capability (required)\*

None	Back up capacity (kW)
Battery Backup	Back up capacity (kW)
Backup Generation	Owner of transfer switch
Utility dual feed capability	
Length of time the facility can operate	without electricity from the electric utility:
0	
Length of time required for start-up fol	lowing a power outage:
1 min.	
Attachments	

Feel free to attach any applicable files. (maximum of 5)

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210907-001561** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.

1426 South Houston Strand



### **Residential**) Status

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

15

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25.497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

### 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.

\* Required Fields

Email Address *	an municipal di Andrea Martin andrea and anna andrea de Andrea municipal de Andrea and andrea and andrea and an		
dwells@bullardtexas.net			
First Name *	Last Name *		
David	Wells		
Phone Number			
903-894-7223			

### New Application

O Annual Renewal

	er Details	······································
_Are you a Retail Electric P	rovider?	
Customer Contact D	etails	
Name (if different from above):	na a annual ann a 19 19 Anna a ta anna Anhan an 19 19 19 19 19 19 19 19 19 19 19 19 19	
David Wells		
Contact Title:		
Utilities Director		
Mailing Address (please include	e City, ST, & Zip):	
PO Box 107 Bullard, Texas7	5757	
Phone:	Cell:	
903-894-7223	903-520-6758	
Email Address:		
Eman Address.		
dwells@bullardtexas.net		
dwells@bullardtexas.net Service Address Infe	N NY NANARANA PANTANA PANTANA NA KANYA KANA NY NANANA NY NANANA NA VINA NA N	
dwells@bullardtexas.net Service Address Infe	ormation sociated with the ESI ID or Premise). *	
dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una	N NY NANARANA PANTANA PANTANA NA KANYA KANA NY NANANA NY NANANA NA VINA NA N	e to the closest town). Or
dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una	sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, and/or distance (if entering Latitude/Longitude, please enter 'N/A' here).	e to the closest town). Or
dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below	sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, and/or distance (if entering Latitude/Longitude, please enter 'N/A' here).	e to the closest town). Or
dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 1426 South Houston Street	sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, and/or distance (if entering Latitude/Longitude, please enter 'N/A' here).	e to the closest town). Or
dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 1426 South Houston Street	sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, and/or distance (if entering Latitude/Longitude, please enter 'N/A' here).	e to the closest town). Or
dwells@bullardtexas.net Service Address Info Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 1426 South Houston Street Latitude/Longitude (if known):	sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, and/or distance (if entering Latitude/Longitude, please enter 'N/A' here).	e to the closest town). Or
dwells@bullardtexas.net Service Address Infe Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 1426 South Houston Street Latitude/Longitude (if known): City: *	sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, and/or distance (if entering Latitude/Longitude, please enter 'N/A' here). Zip Code: *	e to the closest town). Or
dwells@bullardtexas.net Service Address Infe Customer: (Customer Name as City of Bullard Street: (if street address is una enter Latitude/Longitude below 1426 South Houston Street Latitude/Longitude (if known): City: * Bullard	sociated with the ESI ID or Premise). * vailable, please provide nearby roadway, and/or distance (if entering Latitude/Longitude, please enter 'N/A' here). Zip Code: *	e to the closest town). Or *

Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference <u>Public Utility Commission of Texas</u> <u>Substantive Rule 25.497</u>):

Healthcare Services

Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

Critical Load Industrial

### Public Services (Airport, Municipal, etc.) Facility Type

O Major or Regional Airport

O Police

911 Center
Fire
Emergency Alert System Primary or Secondary Transmitter
Other (explain below)\*\*

Water/Sewage deemed critical\*\* Note: not all qualify as

critical

O Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

### Please provide details to support your selection (required)\*\*

Sewer Lift Station	

### Describe any existing battery or backup capacity or dual feed capability (required)\*

None	Back up capacity (kW)
□ <sup>Battery Backup</sup>	Back up capacity (kW)
□ Backup Generation	Owner of transfer switch
Utility dual feed capability	
Length of time the facility can operate v	vithout electricity from the electric utility:
20 min	
Length of time required for start-up foll	owing a power outage:
30 sec.	
Attachments	

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210907-001577** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.

114 South Phillers street



# Application for Critical Load Public Safety or Critical Load Industrial Customer (Non-

### **Residential**) Status

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

C145 14-11

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25.497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

### 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.

\* Required Fields

Customer: (Customer Name associated with the ESI ID or Premise). is required Street: (if street address is unavailable, please provide nearby roadway, and/or distance to the closest town). Or enter Latitude/Longitude below (if entering Latitude/Longitude, please enter 'N/A' here). is required City: is required Zip Code: is required ESI ID (17 digits): is required is required

### **Submitter's Contact Information**

#### Email Address \*

dwells@bullardtexas.net

David

Last Name \* Wells

Phone Number

903-894-7223

### Reason for application (please choose one)\*

New Application

O Annual Renewal

### **Retail Electric Provider Details**

∩Are you a Retail Electric Provider?

### **Customer Contact Details**

Name (if different from abov	e):	
David Wells		
Contact Title:		
Utilities Director		
Mailing Address (please incl	ude City, ST, & Zip):	
PO Box 107 Bullard, Texa	as 75757	
Phone:	Cell:	
903-894-7223	903-520-6758	
Email Address:		
dwells@bullardtexas.net		
		21.0.0

### Service Address Information

Customer: (Customer Name associated with the ESI ID or Premise). \*

City of Bullard

Street: (if street address is unavailable, please provide nearby roadway, and/or distance to the closest town). Or enter Latitude/Longitude below (if entering Latitude/Longitude, please enter 'N/A' here). \*

114 South Phillips

Latitude/Longitude (if known):

City: \*

Bullard

Zip Code: \*

75757

l,.,,	, to Carlo and a second se		2000 - Carlos Ca	•••
ESI	iD	(17	digits): *	

10176990007519472

### **Facility Type and Description**

Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference Public Utility Commission of Texas Substantive Rule 25.497):

Start by selecting the applicable services group for this application from the following (select only one)

Healthcare Services

Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

Critical Load Industrial

### Public Services (Airport, Municipal, etc.) Facility Type

O Major or Regional Airport

O 911 Center

O Water/Sewage deemed critical\*\*

Note: not all qualify as

Fire
 Emergency Alert System Primary or Secondary Transmitter
 Other (explain below)\*\*

critical

○ Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

Please provide details to support your selection (required)\*\*

 Clty	Hall	

### Describe any existing battery or backup capacity or dual feed capability (required)\*

N	۲, ۴
□ <sup>None</sup>	Back up capacity (kW)
□ Battery Backup	Back up capacity (kW)
Backup Generation	Owner of transfer switch Customer ✓
Utility dual feed capability	
Length of time the facility can operate with	out electricity from the electric utility:
10 hours	

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210907-001598** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.

213 South Rother Street LS



### **Residential**) Status

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25.497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

### 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.

#### \* Required Fields

Submitter's Contac	t Information
Email Address *	
dwells@bullardtexas.net	
First Name *	Last Name *
David	Wells
Phone Number	
903-894-7223	

1 p. paraman ana		
Retail Electric Provid	er Details	
Are you a Retail Electric Pr	ovider?	
Customer Contact De	etails	ан уни дааг ун ул ун ул ул ун ун ул ун
Name (if different from above):	ىدۇ چەر مەر يۇرىغۇرىغۇرىغا 1-1-1 ئۇرىچىنى بىرىمۇرىغان بىرى بىرىمۇرىغان بىرى بىرى بىرى بىرى بىرى بىرى بىرى بىر	mental d
David Wells	ويتقاربهم والمحافظة وال	
Contact Title:	a se a la manufactura de la secono de la secon	
Utilities Director	الاختلاف والمحمد ومحمد ومحمد ومحمد ومحمد والمحمد ومعارفته والمحمد والم	
Mailing Address (please include	City, ST, & Zip):	
PO Box 107 Bullard, Texas 7	575757	
Phone:	Cell:	
903-894-7223	903-520-6758	
Email Address:		
dwells@bullardtexas.net		
Service Address Info	ormation sociated with the ESI ID or Premis	<ul> <li>A). *</li> </ul>
Customer: (Customer Name ass City of Bullard		
Street: (if street address is unav	vailable, please provide nearby ro (if entering Latitude/Longitude, p	adway, and/or distance to the closest town). Or lease enter 'N/A' here). *
213 South Rather Street	ر المراجع ال	
Latitude/Longitude (if known):		
a an a fail an air an	میر میکند. به میکند که در این میکند میر میکند از این که این میکند میر میکند میکند میکند که بازی میکند از این میکند. این م میکند این میکند این میکند میکند این میکند این میکند میکند میکند میکند میکند.	
City: *	Zip Code: *	
Bullard	75757	
ESI ID (17 digits): *		www.mit/1997
10176990006778324	بالالجار الماري المتعار المستركب المراجع المحافظ المعالي المحافظ	
Expected Input: ####################################	+++++++++++++++++++++++++++++++++++++++	

**Please select the type of facility and/or describe the specific public safety issue** that may result from an interruption of normal power service (reference <u>Public Utility Commission of Texas</u> <u>Substantive Rule 25.497</u>):

Healthcare Services

Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

Critical Load Industrial

### Public Services (Airport, Municipal, etc.) Facility Type

O Major or Regional Airport

O Police

Water/Sewage deemed critical\*\* Note: not all qualify as 911 Center
Fire
Emergency Alert System Primary or Secondary Transmitter
Other (explain below)\*\*

critical

O Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

Please provide details to support your selection (required)\*\*

	1
Sewer Lift Station	
	-
	,

### Describe any existing battery or backup capacity or dual feed capability (required)\*

None	Back up capacity (kW)
Battery Backup	Back up capacity (kW)
□ Backup Generation	Owner of transfer switch
Utility dual feed capability	
Length of time the facility can operate	without electricity from the electric utility:
20 min.	
Length of time required for start-up fol	owing a power outage:
30 sec.	
Attachments	

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210907-001632** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.

2804 School Dase Rool

Well # 2



### **Residential) Status**

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25.497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

# 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.

#### \* Required Fields

Submitter's Contac	
Email Address *	
dwells@bullardtexas.net	
First Name *	Last Name *
[David]	Wells
Phone Number	
903-894-7223	

### New Application

O Annual Renewal

<b>Retail Electric Provide</b>	er Details	
_Are you a Retail Electric Pr	ovider?	
Customer Contact De	tails	
Name (if different from above):	and a second	
David Wells		
Contact Title:		
Utilities Director		
Mailing Address (please include	City, ST, & Zip):	
PO Box 107 Bullard, Texas 7	5757 	
Phone:	Cell:	
903-894-7223	903-520-6758	
Email Address:		
dwells@bullardtexas.net		
dwells@bullardtexas.net Service Address Info Customer: (Customer Name ass	rmation ociated with the ESI ID or Premise). *	۱۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰
Service Address Info Customer: (Customer Name ass City of Bullard Street: (if street address is unav	ociated with the ESI ID or Premise). *	nd/or distance to the closest town).
dwells@bullardtexas.net Service Address Info Customer: (Customer Name ass City of Bullard Street: (if street address is unav	***************************************	nd/or distance to the closest town). ter 'N/A' here). *
dwells@bullardtexas.net Service Address Info Customer: (Customer Name ass City of Bullard Street: (if street address is unav	ociated with the ESI ID or Premise). * ailable, please provide nearby roadway, a if entering Latitude/Longitude, please ent	nd/or distance to the closest town). ter 'N/A' here). *
dwells@bullardtexas.net Service Address Info Customer: (Customer Name ass City of Bullard Street: (if street address is unav enter Latitude/Longitude below i	ociated with the ESI ID or Premise). * ailable, please provide nearby roadway, a if entering Latitude/Longitude, please ent	nd/or distance to the closest town). ter 'N/A' here). *
dwells@bullardtexas.net Service Address Info Customer: (Customer Name ass City of Bullard Street: (if street address is unav enter Latitude/Longitude below i 2804 South School House R	ociated with the ESI ID or Premise). * ailable, please provide nearby roadway, a if entering Latitude/Longitude, please ent	nd/or distance to the closest town). ter 'N/A' here). *
dwells@bullardtexas.net Service Address Info Customer: (Customer Name ass City of Bullard Street: (if street address is unav enter Latitude/Longitude below i 2804 South School House R	ociated with the ESI ID or Premise). * ailable, please provide nearby roadway, a if entering Latitude/Longitude, please ent oad Zip Code: *	nd/or distance to the closest town). ter 'N/A' here). *
dwells@bullardtexas.net Service Address Info Customer: (Customer Name ass City of Bullard Street: (if street address is unav enter Latitude/Longitude below i 2804 South School House R Latitude/Longitude (if known):	ociated with the ESI ID or Premise). * ailable, please provide nearby roadway, a if entering Latitude/Longitude, please ent oad	nd/or distance to the closest town). ter 'N/A' here). *
dwells@bullardtexas.net Service Address Info Customer: (Customer Name ass City of Bullard Street: (if street address is unav enter Latitude/Longitude below i 2804 South School House R Latitude/Longitude (if known): City: *	ociated with the ESI ID or Premise). * ailable, please provide nearby roadway, a if entering Latitude/Longitude, please ent oad Zip Code: *	nd/or distance to the closest town). ter 'N/A' here). *
dwells@bullardtexas.net Service Address Info Customer: (Customer Name ass City of Bullard Street: (if street address is unav enter Latitude/Longitude below is 2804 South School House R Latitude/Longitude (if known): City: * Bullard	ociated with the ESI ID or Premise). * ailable, please provide nearby roadway, a if entering Latitude/Longitude, please ent oad Zip Code: * 75757	Ind/or distance to the closest town). Iter 'N/A' here). *

Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference <u>Public Utility Commission of Texas</u> <u>Substantive Rule 25.497</u>):

Healthcare Services

Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

Critical Load Industrial

### Public Services (Airport, Municipal, etc.) Facility Type

O Major or Regional Airport

O Police

Water/Sewage deemed critical\*\* Note: not all qualify as 911 Center
Fire
Emergency Alert System Primary or Secondary Transmitter
Other (explain below)\*\*

critical

O Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

#### Please provide details to support your selection (required)\*\*

	ĭ
Ground water well	
	ĺ.
	artu de
	1.000
	-
	1

### Describe any existing battery or backup capacity or dual feed capability (required)\*

None	Back up capacity (kW)
□ <sup>Battery Backup</sup>	Back up capacity (kW)
Backup Generation	Owner of transfer switch
Utility dual feed capability	
Length of time the facility can operate	without electricity from the electric utility:
0	
Length of time required for start-up foll	owing a power outage:
5 min.	
Attachments	

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210907-001685** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.

Windowen LS



### **Residential**) Status

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25.497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

### 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.

#### \* Required Fields

Submitter's Contac	Information	
Email Address *		
dwells@bullardtexas.net		
First Name *	Last Name *	
David	Wells	
Phone Number		
903-894-7223		

### New Application

O Annual Renewal

Retail Electric Prov	ider Details	
∃Are you a Retail Electric	Provider?	
Customer Contact	Details	
Name (if different from above	):	
David Wells		
Contact Title:		
Utilities Director		
Mailing Address (please inclu	ade City, ST, & Zip):	
PO Box 107 Bullard, Texas	s 75757	
Phone:	Cell:	
903-894-7223	903-520-6758	
Email Address:		
dwells@bullardtexas.net		
Service Address In Customer: (Customer Name	Iformation associated with the ESI ID or Premise). *	anga tanin ana ang kana kana kana kana kana kana
City of Bullard		
Street: (if street address is u enter Latitude/Longitude bel	navailable, please provide nearby roadway, and/or distar ow (if entering Latitude/Longitude, please enter 'N/A' her	ice to the closest town). Of e). *
Latitude/Longitude (if known	):	
32.146901, -95.320554		
City: *	Zip Code: *	
Bullard	75757	
Bullard ESI ID (17 digits): * 10176990007462556		

# Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference <u>Public Utility Commission of Texas</u> <u>Substantive Rule 25.497</u>):

Healthcare Services

Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

O 911 Center

Critical Load Industrial

### Public Services (Airport, Municipal, etc.) Facility Type

O Major or Regional Airport

O Police

Water/Sewage deemed critical\*\* Note: not all qualify as O Fire
 O Emergency Alert System Primary or Secondary Transmitter
 O Other (explain below)\*\*

critical

O Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

### Please provide details to support your selection (required)\*\*

	1
Sewer Lift Station	- AANTTAN
	ĥ
	-
	AL. 44
	1
	}

### Describe any existing battery or backup capacity or dual feed capability (required)\*

None	Back up capacity (kW)
□ Battery Backup	Back up capacity (kW)
□ Backup Generation	Owner of transfer switch
Utility dual feed capability	
Length of time the facility can operate	without electricity from the electric utility:
20 min.	
Length of time required for start-up fol	lowing a power outage:
30 sec.	
Attachments	

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210908-000161** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.

West Man Stred

WWTP



### **Residential) Status**

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the <u>Public Utility Commission of Texas Substantive Rule 25.497</u>. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

Upon completion of the review of the submitted application, you will be notified of the results.

### 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.

### \* Required Fields

Submitter's Contact	
Email Address *	
dwells@bullardtexas.net	
First Name *	Last Name *
David	Wells
Phone Number	
903-894-7223	
<sup>2</sup> and a sectory of the low of the low of the sector of the low o	

### New Application

O Annual Renewal

<b>Retail Electric Provid</b>	ler Details	· · · · · · · · · · · · · · · · · · ·
_Are you a Retail Electric F	rovider?	
Customer Contact D	etails	
Name (if different from above):		and marks
David Wells	ار می از است. از است این از است این	
Contact Title:		
Utilities Director	a	
Mailing Address (please includ	e City, ST, & Zip):	
PO Box 107 Bullard, Texas	75757 1	
Phone:	Ceil:	
903-894-7223	903-520-6758	
Email Address:		
dwells@bullardtexas.net		
Service Address Inf Customer: (Customer Name as City of Bullard	ormation sociated with the ESI ID or Premise	), * 
Street: (if street address is una	vailable, please provide nearby roa / (if entering Latitude/Longitude, pl	idway, and/or distance to the closest town). C ease enter 'N/A' here). *
929 West Main Street	i her for the first her for an end of the second state of t	
Latitude/Longitude (if known):		
ر ۲۰۰۰ - ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲	معرب المراجع ال مراجع المراجع ال	a roome
City: *	Zip Code: *	
Bulard	75757	
		are show?
ESI ID (17 digits): *		59
ESI ID (17 digits): * 10176990009380650	ماره می بادی می می بادی می بادی می بادی می بادی می بادی می بادی این می بادی می	

Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference Public Utility Commission of Texas Substantive Rule 25.497):

Healthcare Services

Public Services (Airport, Municipal, etc.)

Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

Critical Load Industrial

### Public Services (Airport, Municipal, etc.) Facility Type

O Major or Regional Airport

O Police

Water/Sewage deemed critical\*\* Note: not all qualify as 911 Center
Fire
Emergency Alert System Primary or Secondary Transmitter
Other (explain below)\*\*

critical

O Flood Control

NOTE: Selections marked with \*\* above, require additional information in the box below.

Please provide details to support your selection (required)\*\*

Naste water Treatment Plant	
	· · · · · · · · · · · · · · · · · · ·

#### Describe any existing battery or backup capacity or dual feed capability (required)\*

None	Back up capacity (kW)	
□ Battery Backup	Back up capacity (kW)	
Backup Generation	Owner of transfer switch	Customer 🖌
Utility dual feed capability		
Length of time the facility can operate w	vithout electricity from the electric uti	lity:
8 hours		
Length of time required for start-up follo	owing a power outage:	
5 sec.		
Attachments	(	

Your Critical Load Application has been received by Oncor. The Oncor reference number for this application is **210907-001710** 

Thank you for contacting Oncor. You will be notified by email once your application has been processed.