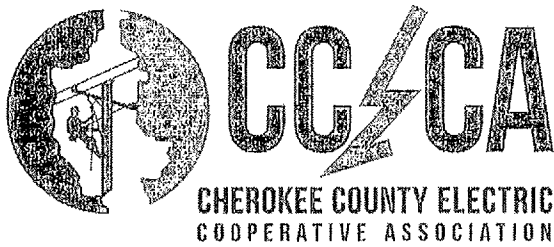




## Filing Receipt

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



### CRITICAL CARE REQUEST

#### 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	Account #: 31741-006 Meter # 77579669	
Service Address: 23455 FM 2137			
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: 903-520-6758	

#### FACILITY TYPE AND DESCRIPTION

Reason for critical load request:	<input type="checkbox"/> Medical reason (oxygen etc.)	<input checked="" type="checkbox"/> Public Service (Airport, Municipal, etc.)	<input type="checkbox"/> Critical load industrial
	<input type="checkbox"/> Critical load electrical	<input type="checkbox"/> Other: <u>Water well # 7</u>	
Existing electrical redundancy: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details: <u>On site Generator</u>			

#### SERVICE INFORMATION

CHECK ONE: ☐ HOME ☐ OFFICE ☐ MOBILE HOME ☐ BARN/SHOP ☒ WELL PUMP/OTHER ☐ INDUSTRIAL

#### DISCLAIMER AND SIGNATURE

Member or Member's Authorized Representative's Signature: <u>David Wells</u>	Date: 10/25/2021
Printed Name of Signer and Title of Representative if applicable: <u>David Wells</u>	
Cooperative representative signature:	

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

District Office: Chapel Hill  
Ph (903) 566-5028 · Fax (903) 566-4501  
11022 Hwy 64 East · Tyler, TX 75707



### CRITICAL CARE REQUEST

#### 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	Account #: 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: 903-520-6758	

#### FACILITY TYPE AND DESCRIPTION

Reason for critical load request: ☐ Medical reason (oxygen etc.) ☒ 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

CHECK ONE: ☐ HOME ☐ OFFICE ☐ MOBILE HOME ☐ BARN/SHOP ☒ WELL PUMP/OTHER ☐ INDUSTRIAL

#### DISCLAIMER AND SIGNATURE

Member or Member's  
Authorized Representative's Signature:  Date: 10/25/2021

Printed Name of Signer and Title of Representative if applicable: David Wells

Cooperative representative signature: \_\_\_\_\_

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

District Office: Chapel Hill  
Ph (903) 566-5028 · Fax (903) 566-4501  
11022 Hwy 64 East · Tyler, TX 75707



### CRITICAL CARE REQUEST

#### 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	Account #: 31741-003 Meter # 77355543	
Service Address: 8278 CR 152 West			
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: 903-520-6758	

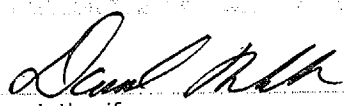
#### FACILITY TYPE AND DESCRIPTION

Reason for critical load request:	<input type="checkbox"/> Medical reason (oxygen etc.)	<input checked="" type="checkbox"/> Public Service (Airport, Municipal, etc.)	<input type="checkbox"/> Critical load industrial
	<input type="checkbox"/> Critical load electrical	<input type="checkbox"/> Other: <u>Water Well #6</u>	
Existing electrical redundancy: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please give details: _____			

#### SERVICE INFORMATION

CHECK ONE: ☐ HOME ☐ OFFICE ☐ MOBILE HOME ☐ BARN/SHOP ☒ WELL PUMP/OTHER ☐ INDUSTRIAL

#### DISCLAIMER AND SIGNATURE

Member or Member's Authorized Representative's Signature: 	Date: 10/25/2021
Printed Name of Signer and Title of Representative if applicable: <u>David Wells</u>	
Cooperative representative signature:	

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

District Office: Chapel Hill  
Ph (903) 566-5028 · Fax (903) 566-4501  
11022 Hwy 64 East · Tyler, TX 75707



### CRITICAL CARE REQUEST

#### 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

Account #: 31741-005 Meter # 77467967

Service Address: CR 145 GPS 32.15318 -95.31678

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: 903-520-6758

#### FACILITY TYPE AND DESCRIPTION

Reason for critical load request:

☐ Medical reason (oxygen etc.)

☒ Public Service (Airport, Municipal, etc.)

☐ Critical load industrial

☐ Critical load electrical

☐ Other: Sewer Lift Station

Existing electrical redundancy:

☐ YES

☒ NO

If yes, please give details: \_\_\_\_\_

#### SERVICE INFORMATION

CHECK ONE: ☐ HOME ☐ OFFICE ☐ MOBILE HOME ☐ BARN/SHOP ☒ WELL PUMP/OTHER ☐ INDUSTRIAL

#### DISCLAIMER AND SIGNATURE

Member or Member's

Authorized Representative's Signature:

Date: 10/25/2021

Printed Name of Signer and Title of Representative if applicable:

David Wells

Cooperative representative signature:

Main Office: Rusk

Ph (903) 683-2248 · Toll Free (800) 992-4280 · Fax 903-683-5012

P.O. Box 257 / 29880 Hwy 69 North · Rusk, TX 75785

District Office: Chapel Hill

Ph (903) 566-5028 · Fax (903) 566-4501

11022 Hwy 64 East · Tyler, TX 75707



### CRITICAL CARE REQUEST

#### 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	Account #: 31741-008 Meter # 95650268	
Service Address: 1124 Nate Circle			
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: 903-520-6758	

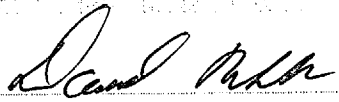
#### FACILITY TYPE AND DESCRIPTION

Reason for critical load request:	<input type="checkbox"/> Medical reason (oxygen etc.)	<input checked="" type="checkbox"/> Public Service (Airport, Municipal, etc.)	<input type="checkbox"/> Critical load industrial
	<input type="checkbox"/> Critical load electrical	<input type="checkbox"/> Other: <u>Sewer Lift Station</u>	
Existing electrical redundancy: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please give details: _____			

#### SERVICE INFORMATION

CHECK ONE: ☐ HOME ☐ OFFICE ☐ MOBILE HOME ☐ BARN/SHOP ☒ WELL PUMP/OTHER ☐ INDUSTRIAL

#### DISCLAIMER AND SIGNATURE

Member or Member's Authorized Representative's Signature: 	Date: 10/25/2021
Printed Name of Signer and Title of Representative if applicable: <u>David Wells</u>	
Cooperative representative signature:	

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

District Office: Chapel Hill  
Ph (903) 566-5028 · Fax (903) 566-4501  
11022 Hwy 64 East · Tyler, TX 75707



### CRITICAL CARE REQUEST

#### 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	Account #: 31741-007 Meter # 30047	
Service Address: 151 Reunion 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: 903-520-6758	

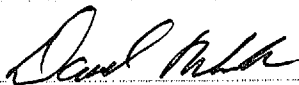
#### FACILITY TYPE AND DESCRIPTION

Reason for critical load request:	<input type="checkbox"/> Medical reason (oxygen etc.)	<input checked="" type="checkbox"/> Public Service (Airport, Municipal, etc.)	<input type="checkbox"/> Critical load industrial
	<input type="checkbox"/> Critical load electrical	<input type="checkbox"/> Other: <u>Sewer Lift Station</u>	
Existing electrical redundancy: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please give details: _____			

#### SERVICE INFORMATION

CHECK ONE: ☐ HOME ☐ OFFICE ☐ MOBILE HOME ☐ BARN/SHOP ☒ WELL PUMP/OTHER ☐ INDUSTRIAL

#### DISCLAIMER AND SIGNATURE

Member or Member's Authorized Representative's Signature: 	Date: 10/25/2021
Printed Name of Signer and Title of Representative if applicable: <u>David Wells</u>	
Cooperative representative signature:	

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

District Office: Chapel Hill  
Ph (903) 566-5028 · Fax (903) 566-4501  
11022 Hwy 64 East · Tyler, TX 75707



### CRITICAL CARE REQUEST

#### 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	Account #: 31741-011 Meter # 77467898	
Service Address: 336 Sides Blvd.			
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: 903-520-6758	

#### FACILITY TYPE AND DESCRIPTION

Reason for critical load request: ☐ Medical reason (oxygen etc.) ☒ Public Service (Airport, Municipal, etc.) ☐ Critical load industrial

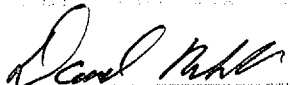
☐ Critical load electrical ☐ Other: Sewer Lift Station

Existing electrical redundancy: ☐ YES ☒ NO If yes, please give details: \_\_\_\_\_

#### SERVICE INFORMATION

CHECK ONE: ☐ HOME ☐ OFFICE ☐ MOBILE HOME ☐ BARN/SHOP ☒ WELL PUMP/OTHER ☐ INDUSTRIAL

#### DISCLAIMER AND SIGNATURE

Member or Member's Authorized Representative's Signature:  Date: 10/25/2021

Printed Name of Signer and Title of Representative if applicable: David Wells

Cooperative representative signature: \_\_\_\_\_

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

District Office: Chapel Hill  
Ph (903) 566-5028 · Fax (903) 566-4501  
11022 Hwy 64 East · Tyler, TX 75707



The following files are not convertible:

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

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

Contact [centralrecords@puc.texas.gov](mailto:centralrecords@puc.texas.gov) if you have any questions.

561 East Henderson 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 Public Utility Commission of Texas Substantive Rule 25.497. 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 \*

David

Last Name \*

Wells

Phone Number

9038947223

Reason for application (please choose one)\*

- ☒ New Application  
☐ Annual Renewal

## Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

## Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box 107

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

## 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

Latitude/Longitude (if known):

City: \*

Bullard

Zip Code: \*

75757

ESI ID (17 digits): \*

10176990003324370

Expected Input: #####

## 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

- ☐ Major or Regional Airport
- ☐ Police
- ☒ Water/Sewage deemed critical\*\*
- Note: not all qualify as critical**
- ☐ Flood Control
- ☐ 911 Center
- ☐ Fire
- ☐ Emergency Alert System Primary or Secondary Transmitter
- ☐ Other (explain below)\*\*

**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)

☐ 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 following 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 **210907-001476**

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.

ONCOR

# 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 Public Utility Commission of Texas Substantive Rule 25.497. 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 \*

David

Last Name \*

Wells

Phone Number

903-894-7223

Reason for application (please choose one)\*

- ☒ New Application  
☐ Annual Renewal

## Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

## Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box 107 Bullard, Texas 75757

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

## 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). \*

700 East Henderson Street

Latitude/Longitude (if known):

City: \*

Bullard

Zip Code: \*

75757

ESI ID (17 digits): \*

10176990007989463

Expected Input: #####

## 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

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

☐ 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 following 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 L.S

ONCOR

## 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 Public Utility Commission of Texas Substantive Rule 25.497. 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 \*

David

Last Name \*

Wells

Phone Number

903-894-7223

Reason for application (please choose one)\*

- ☒ New Application  
☐ Annual Renewal

## Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

## Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box 107 Bullard, Texas 75757

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

## 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). \*

528 East Main Street

Latitude/Longitude (if known):

City: \*

Bullard

Zip Code: \*

75757

ESI ID (17 digits): \*

10776990007879320

Expected Input: #####

## 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

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

☐ 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 following 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 **210907-001504**

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.

400 Lynch Drive 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 Public Utility Commission of Texas Substantive Rule 25.497. 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 \*

David

Last Name \*

Wells

Phone Number

903-894-7223

Reason for application (please choose one)\*

☒ New Application

☐ Annual Renewal

## Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

## Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box107 Bullard,Texas 75757

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

## 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). \*

400 Lynch Drive

Latitude/Longitude (if known):

City: \*

Bullard

Zip Code: \*

75757

ESI ID (17 digits): \*

10176990006770202

Expected Input: #####

## 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

- ☐ Major or Regional Airport
- ☐ Police
- ☒ Water/Sewage deemed critical\*\*
- ☐ 911 Center
- ☐ Fire
- ☐ Emergency Alert System Primary or Secondary Transmitter
- ☐ Other (explain below)\*\*

**Note: not all qualify as**

**critical**

- ☐ 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)

☐ 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 following 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 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 Public Utility Commission of Texas Substantive Rule 25.497. 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 \*

David

Last Name \*

Wells

Phone Number

903-894-7223

Reason for application (please choose one)\*

- ☒ New Application  
☐ Annual Renewal

## Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

## Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box 107 Bullard, Texas 75757

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

## 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). \*

600 North Houston Street

Latitude/Longitude (if known):

City: \*

Bullard

Zip Code: \*

75757

ESI ID (17 digits): \*

10176990007411282

Expected Input: #####

## 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

- ☐ Major or Regional Airport
- ☐ Police
- ☒ Water/Sewage deemed critical\*\*
- ☐ 911 Center
- ☐ Fire
- ☐ Emergency Alert System Primary or Secondary Transmitter
- ☐ Other (explain below)\*\*

**Note: not all qualify as**

**critical**

- ☐ 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)

☐ 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 following 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 **210907-001545**

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 Rafter Street

Well #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 Public Utility Commission of Texas Substantive Rule 25.497. 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 \*

David

Last Name \*

Wells

Phone Number

903-894-7223

Reason for application (please choose one)\*

- ☐ New Application  
☐ Annual Renewal

## Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

## Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box 107 Bullard, Texas 75757

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

## 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). \*

305 North Rather Street

Latitude/Longitude (if known):

City: \*

Bullard

Zip Code: \*

75757

ESI ID (17 digits): \*

10176990007392496

Expected Input: #####

## 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

- ☐ Major or Regional Airport
- ☐ Police
- ☒ Water/Sewage deemed critical\*\*
- ☐ 911 Center
- ☐ Fire
- ☐ Emergency Alert System Primary or Secondary Transmitter
- ☐ Other (explain below)\*\*

**Note: not all qualify as**

**critical**

- ☐ Flood Control

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

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

Ground Water Well

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 following a power outage:

1 min.

### 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.

Ratha Street LS

ONCOR

## 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 Public Utility Commission of Texas Substantive Rule 25.497. 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 \*

David

Last Name \*

Wells

Phone Number

903-894-7223

Reason for application (please choose one)\*

- ☒ New Application  
☐ Annual Renewal

## Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

## Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box 107 Bullard, Texas 75757

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

## 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). \*

Rather street

Latitude/Longitude (if known):

32.141988, -95.324504

City: \*

Bullard

Zip Code: \*

75757

ESI ID (17 digits): \*

10176990006785299

Expected Input: #####

## 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

- ☐ Major or Regional Airport
- ☐ Police
- ☒ Water/Sewage deemed critical\*\*
- ☐ 911 Center
- ☐ Fire
- ☐ Emergency Alert System Primary or Secondary Transmitter
- ☐ Other (explain below)\*\*

**Note: not all qualify as**

**critical**

- ☐ 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)

☐ 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 following a power outage:

1 min.

### 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 **210907-001561**

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.

1426 South Houston Street LS

ONCOR

## 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 Public Utility Commission of Texas Substantive Rule 25.497. 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 \*

David

Last Name \*

Wells

Phone Number

903-894-7223

Reason for application (please choose one)\*

- ☒ New Application  
☐ Annual Renewal

## Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

## Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box 107 Bullard, Texas 75757

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

## 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). \*

1426 South Houston Street

Latitude/Longitude (if known):

City: \*

Bullard

Zip Code: \*

75757

ESI ID (17 digits): \*

10176990007616905

Expected Input: #####

## 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

- ☐ Major or Regional Airport
- ☐ Police
- ☒ Water/Sewage deemed critical\*\*
- ☐ 911 Center
- ☐ Fire
- ☐ Emergency Alert System Primary or Secondary Transmitter
- ☐ Other (explain below)\*\*
- Note: not all qualify as critical**
- ☐ 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
- ☐ Backup Generation
- ☐ Utility dual feed capability
- Back up capacity (kW)
- Back up capacity (kW)
- Owner of transfer switch

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.

### 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 **210907-001577**

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.

114 South Phillips street City Hall

ONCOR

## 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 Public Utility Commission of Texas Substantive Rule 25.497. 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

First Name \*

David

Last Name \*

Wells

Phone Number

903-894-7223

Reason for application (please choose one)\*

☒ New Application

☐ Annual Renewal

Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box 107 Bullard, Texas 75757

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

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

ESI ID (17 digits): \*

10176990007519472

Expected Input: #####

## 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

- ☐ Major or Regional Airport
- ☐ Police
- ☐ Water/Sewage deemed critical\*\*
- ☐ 911 Center
- ☐ Fire
- ☐ Emergency Alert System Primary or Secondary Transmitter
- ☒ Other (explain below)\*\*

**Note: not all qualify as**

**critical**

- ☐ Flood Control

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

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

City Hall

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

- ☐ None
- ☐ Battery Backup
- ☒ Backup Generation
- ☐ Utility dual feed capability

Back up capacity (kW)

Back up capacity (kW)

Owner of transfer switch

Customer ▼

Length of time the facility can operate without electricity from the electric utility:

10 hours

# Critical Load Application Submitted

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.

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

213 South Rother Street LS

ONCOR

## 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 Public Utility Commission of Texas Substantive Rule 25.497. 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 \*

David

Last Name \*

Wells

Phone Number

903-894-7223

Reason for application (please choose one)\*

☒ New Application

☐ Annual Renewal

## Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

## Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box 107 Bullard, Texas 75757

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

## 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). \*

213 South Rather Street

Latitude/Longitude (if known):

City: \*

Bullard

Zip Code: \*

75757

ESI ID (17 digits): \*

10176990006778324

Expected Input: #####

## 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

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

☐ 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 following 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 **210907-001632**

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.

2804 School House Road

Well # 2

ONCOR

## 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 Public Utility Commission of Texas Substantive Rule 25.497. 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 \*

David

Last Name \*

Wells

Phone Number

903-894-7223

Reason for application (please choose one)\*

- ☒ New Application  
☐ Annual Renewal

## Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

## Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box 107 Bullard, Texas 75757

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

## 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). \*

2804 South School House Road

Latitude/Longitude (if known):

City: \*

Bullard

Zip Code: \*

75757

ESI ID (17 digits): \*

10176990006779595

Expected Input: #####

## 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

- ☐ Major or Regional Airport
- ☐ Police
- ☒ Water/Sewage deemed critical\*\*
- ☐ 911 Center
- ☐ Fire
- ☐ Emergency Alert System Primary or Secondary Transmitter
- ☐ Other (explain below)\*\*
- Note: not all qualify as critical**
- ☐ Flood Control

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

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

Ground water well

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 following a power outage:

5 min.

### 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 **210907-001685**

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.

ONCOR.

# 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 Public Utility Commission of Texas Substantive Rule 25.497. 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 \*

David

Last Name \*

Wells

Phone Number

903-894-7223

Reason for application (please choose one)\*

- ☒ New Application  
☐ Annual Renewal

## Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

## Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box 107 Bullard, Texas 75757

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

## 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). \*

Latitude/Longitude (if known):

32.146901, -95.320554

City: \*

Bullard

Zip Code: \*

75757

ESI ID (17 digits): \*

10176990007462556

Expected Input: #####

## 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

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

☐ 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 following 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 **210908-000161**

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.

ONCOR

# 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 Public Utility Commission of Texas Substantive Rule 25.497. 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 \*

David

Last Name \*

Wells

Phone Number

903-894-7223

Reason for application (please choose one)\*

- ☒ New Application  
☐ Annual Renewal

## Retail Electric Provider Details

☐ Are you a Retail Electric Provider?

## Customer Contact Details

Name (if different from above):

David Wells

Contact Title:

Utilities Director

Mailing Address (please include City, ST, & Zip):

PO Box 107 Bullard, Texas 75757

Phone:

903-894-7223

Cell:

903-520-6758

Email Address:

dwells@bullardtexas.net

## 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). \*

929 West Main Street

Latitude/Longitude (if known):

City: \*

Bulard

Zip Code: \*

75757

ESI ID (17 digits): \*

10176990009380650

Expected Input: #####

## 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

- ☐ Major or Regional Airport
- ☐ Police
- ☒ Water/Sewage deemed critical\*\*
- ☐ 911 Center
- ☐ Fire
- ☐ Emergency Alert System Primary or Secondary Transmitter
- ☐ Other (explain below)\*\*
- Note: not all qualify as critical**
- ☐ Flood Control

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

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

Waste water Treatment Plant

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

- ☐ None
- ☐ Battery Backup
- ☒ Backup Generation
- ☐ Utility dual feed capability

Back up capacity (kW)

Back up capacity (kW)

Owner of transfer switch

Customer ▼

Length of time the facility can operate without electricity from the electric utility:

8 hours

Length of time required for start-up following a power outage:

5 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 **210907-001710**

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.