

Filing Receipt

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## 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 a 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.

Service Address		
Street	13431 Klaus Ln	
City	Elgin, TX	
Zip Code	78621	
ESI_ID (17 digits) or Premise (7 digits)	10443720006892086 or	
Customer name associated w	th service address: Travis County MUD #14	

Commission of Texas Substantive Rule 25.497):
<ul> <li>Hospital – Trauma Center*</li> <li>Hospital – with surgery or emergency treatment*</li> <li>Licensed Day Surgery*</li> <li>Licensed Emergency Care*</li> <li>Licensed Birthing Clinic*</li> <li>Licensed Skilled Nursing Facility*</li> <li>Licensed Unskilled Nursing Facility*</li> <li>Licensed Assisted Living Facility*</li> <li>Other Healthcare with Electrical Life Support Systems (specify below)</li> <li>Major or regional Airport</li> <li>Emergency Alert System Primary or Secondary Transmitter</li> <li>911 Center</li> <li>Police</li> <li>Fire</li> <li>Gas Control Center or Gas Compressor Plant</li> <li>Water/Sewage deemed critical – note that some community water and waste facilities may qualify, however, not all individual wells, sewer lift stations etc. qualify as critical</li> <li>Flood Control</li> <li>Other (explain below)</li> </ul>
Texas Department of State Health Services license number (*required):
Describe any existing battery or backup capacity:
Kohler Generator 200 kW with ATS

Please select the type of facility or describe the specific public safety issue that may result from an interruption of normal power service (reference <u>Public Utility</u>

Name of Retailer Electric Provider (if submitted by Retailer):		
Hudson Energy		
Retailer Electric Provider's contact Info (Optional):		
Hudsonenergycare@hudsonenery.com-1866-483-7664		

Customer Contact Details		
Name (if different from above):	Dennis Hendrix	
Mailing address (if different from service address):		
	2601 Forest Creek Dr Round ROck, TX 78665	
Email address:	dhendrix@crossroadsus.com	
Phone:	512 246 5913	

Application submitted by (if different from above):		
Name:	Dennis Hendrix	
Email address:	dhendrix@crossroadsus.com	
Phone:	512 246 5913	

After completing the Application, please forward the completed application either by fax (214.486.3275) or email to <a href="mailto:CriticalLoad@oncor.com">CriticalLoad@oncor.com</a>