



Filing Receipt

Received - 2021-10-28 07:41:54 AM
Control Number - 52299
ItemNumber - 524

Area Manager
Pat Ann Wilson
Pat Ann Wilson

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Application Type

Customer/Business Name
CITY OF CARBON WATER DEPT
CITY OF CARBON WATER DEPT

Emergency Contact (Name)	Emergency Contact (Title)	Emergency Contact (Phone)
Sylvia Gosnell	City Secretary	254-334-1600
Sylvia Gosnell	City Secretary	254-334-1600

Emergency Contact (Mobile Phone)

254-631-1920

254-631-1920

Emergency Contact (Email)

cityofcarbon@yahoo.com

cityofcarbon@yahoo.com

Alternate Contact (Name)	Alternate Contact (Phone)	Alternate Contact (Mobile Phone)
Corey Hull		254-631-3862
Corey Hull		254-631-3862

Alternate Contact (Email)	ESI ID (17 Digits)	Service Street Address
<u>corey.shane@hotmail.com</u>	10443720001522391	400 Collins Blvd
<u>corey.shane@hotmail.com</u>	1633557	14100 hwy 6

Service City	Service Zip Code	Latitude/Longitude (if known)	Mailing Address	Mailing City
CARBON	76435-3649		P.O. Box 414	Carbon
Eastland	76448		P.O. Box 633	Carbon

Mailing Zip Code

Facility Type

76435 Ground Storage

76435

Details to support a Critical Load Designation

Supplies water to many people

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Backup Equipment (Yes or No)

NO

NO

Battery Backup (Yes or No)	Backup Generation (Yes or No)
NO	NO
NO	NO

Utility Dual Feed Capability (Yes or No)	Owner of Transfer Switch	Battery Backup Capacity (kW)
No		0
No		0

Generation Backup Capacity (kW)	Length of Time facility can operate without power	Start-up time needed following a power outage
0	0	0
0	0	0