



## Filing Receipt

**Received - 2021-11-01 09:02:09 AM**

**Control Number - 52299**

**ItemNumber - 883**

**Area Manager**  
Pat Ann Wilson

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**Application Type**

**Customer/Business Name**  
Olden Water Supply Corp

**Emergency Contact (Name)**  
Sylvia Gosnell

**Emergency Contact (Title)**  
office manager

**Emergency Contact (Phone)**

**Emergency Contact (Mobile Phone)**

254-631-1920

**Emergency Contact (Email)**

[oldenwsc55@hotmail.com](mailto:oldenwsc55@hotmail.com)

**Alternate Contact (Name)**

Silas Mitchell

**Alternate Contact (Phone)**

254-631-6531

**Alternate Contact (Mobile Phone)**

**Alternate Contact (Email)**  
[silasmitchell72@yahoo.com](mailto:silasmitchell72@yahoo.com)

**ESI ID (17 Digits)**

1617003 438 Highway 3363 Tower

**Service Street Address**

<b>Service City</b>	<b>Service Zip Code</b>	<b>Latitude/Longitude (if known)</b>	<b>Mailing Address</b>	<b>Mailing City</b>
Eastland	76448	98.45802/32.24899	P.O. Box 61	Olden

**Mailing Zip Code**

76466

**Facility Type**

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**Details to support a Critical Load Designation**  
we are a water plant we servie 275 water  
meters to residential customers

**Backup Equipment (Yes or No)**

no

**Battery Backup (Yes or No)**

**Backup Generation (Yes or No)**

yes

no

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

no

**Generation Backup  
Capacity (kW)**

**Length of Time facility can  
operate without power**  
we have a by pass so we can  
continue to provide water  
to our customers in the  
even of a power outage

**Start-up time needed  
following a power outage**