



Filing Receipt

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AFFIDAVIT

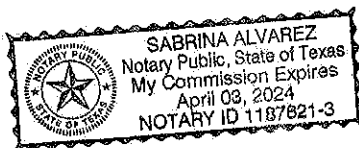
I swear or affirm that I have personal knowledge of the facts stated in this report or am relying on people with personal knowledge, that I am competent to testify to them, and that I have the authority to submit this report on behalf of the affected entity. I further swear or affirm that all statements made in this report are true, correct, and complete.

Tommy W. Bell Jr
Signature

Tommy Bell
Printed Name

Electrical Superintendent
Job Title

City of Hempstead
Name of Affected Entity



Sworn and subscribed before me this 15th day of February, 2023
Month Year

S Alvarez
Notary Public in and For the State of Texas
My commission expires on April 3, 2024



Public Utility Commission of Texas

Annual Report

Required by 16 Texas Admin. Code § 25.97(f)

PROJECT NO. 52938

AFFECTED ENTITY: City of Hempstead

General Information

Pursuant to 16 Texas Admin. Code § 25.97(f)(1), not later than May 1 of each year, each affected entity must submit this report for the preceding calendar year. The first report must be submitted not later than May 1, 2020.

Instructions

Answer all questions, fill-in all blanks, and have the report notarized in the affidavit. If you check no in part 1.a, leave parts 1.b-d blank.

Violations resulting from, and incidents, fatalities, or injuries attributable to a violation resulting from, a natural disaster, weather event, or man-made act or force outside of an affected entity's control are not required to be reported.

Affidavit

A representative of the affected entity must swear to and affirm the truthfulness, correctness, and completeness of the information provided by attaching a signed and notarized copy of the Affidavit provided with this form.

Filing Instructions

Submit four copies (an original and three copies) of the completed form and signed and notarized Affidavit to:

Central Records Filing Clerk
Public Utility Commission of Texas
1701 N. Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326
Telephone: (512) 936-7180

1. This part applies only to an affected entity that owns or operates overhead transmission facilities greater than 60 kilovolts.

a) Does this part 1 apply to you? Yes ☐ No ☒

b) Provide the number of identified occurrences of noncompliance with Public Utility Regulatory Act (PURA) § 38.004 regarding vertical clearance requirements of the National Electrical Safety Code (NESC) for overhead transmission facilities.

- c) Do you have actual knowledge that any portion of your transmission system is not in compliance with PURA § 38.004 regarding vertical clearance requirements of the NESC for overhead transmission facilities?

This question is N/A as the city of Hempstead does not operate a transmission line

- d) Do you have actual knowledge of any violations of easement agreements with the United States Army Corps of Engineers relating to PURA § 38.004 regarding vertical clearance requirements of the NESC for overhead transmission facilities?

This question is N/A as the City of Hempstead does not operate a transmission facility

2. This part applies to an affected entity that owns or operates overhead transmission facilities greater than 60 kilovolts or distribution facilities greater than 1 kilovolt.
- a) Provide the number of fatalities or injuries of individuals other than employees, contractors, or other persons qualified to work in proximity to overhead high voltage lines involving transmission or distribution assets related to noncompliance with the requirements of PURA § 38.004.

The City of Hempstead had zero fatalities or injuries to anyone due to noncompliance of PURA 38.004

b) Provide a description of corrective actions taken or planned to prevent the reoccurrence of fatalities or injuries described in subpart a), immediately above.

This question is N/A because there were no fatalities or injuries

Affected Entity: _____

PROJECT NO. _____

AFFIDAVIT

I swear or affirm that I have personal knowledge of the facts stated in this report or am relying on people with personal knowledge, that I am competent to testify to them, and that I have the authority to submit this report on behalf of the affected entity. I further swear or affirm that all statements made in this report are true, correct, and complete.

Signature

Printed Name

Job Title

Name of Affected Entity

Sworn and subscribed before me this _____ **day of** _____, _____.
Month Year

Notary Public in and For the State of _____.

My commission expires on _____.