

## **Filing Receipt**

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### **Public Utility Commission of Texas**

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

PROJECT NO. 55983

AFFECTED ENTITY: City of Kirbyville

#### **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

| b) Provide<br>Utility I<br>requirem          | s part I apply t<br>the number of<br>Regulatory A<br>ents of the N | to you? Ye identified ct (PURA)   | occurrence | No 🔽        |         |  |
|--|--|---|------------|-------------|---------|--|
| a) Does this  b) Provide  Utility I requirem | s part I apply t<br>the number of<br>Regulatory A<br>ents of the N | to you? Ye identified ct (PURA)   | occurrence | No 🔽        |         |  |
| b) Provide<br>Utility I<br>requirem          | the number of<br>Regulatory A<br>ents of the N                     | identified  | occurrence | s of noncon | nlianca |  |
| Utility I<br>requirem                        | Regulatory A<br>ents of the N                                      | ct (PURA)   | ) § 38.00- | s of noncon | nliance |  |
|  |  | Provide the number of identified occurrences of noncomplianc Utility Regulatory Act (PURA) § 38.004 regarding vertice requirements of the National Electrical Safety Code (NESC) transmission facilities. |            |             |         |  |
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- 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?
  - 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?

- 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.

There were "zero" 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.

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

Not Applicable (N/A).

Annual Report Form Last Updated in Project No. 49827

#### **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

Frank George

Printed Name

Mayor

Job Title

City of Kirbyville

Name of Affected Entity

Sworn and subscribed before me this /L

Manul

Year

Notary Public in and For the State of

 $\mathcal{M}$ 

My commission expires on

TONIA STOCKMAN
Notary Public, State of Texas
My Commission Expires
March 01, 2026
NOTARY ID 12819323-0