

Filing Receipt

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Item Number - 46



Public Utility Commission of Texas

Five-Year Report Required by 16 Texas Admin. Code § 25.97(e)

PROJECT NO. 57535

AFFECTED ENTITY: City of Livingston

General Information:

Pursuant to 16 Texas Admin. Code § 25.97(e)(1), not later than May 1 every five years, each affected entity that owns or operates overhead transmission facilities greater than 60 kilovolts must submit this report. 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.

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

Five-Year Report Form Last Updated in Project No. 49827

Affected Entity: City of Livingston	PROJECT NO. 57535
2. Future five-year reporting period: 01/01/202	25 - 12/31/2029
What percentage of overhead transmission facility you will inspect for compliance with the NESC five-year reporting period beginning on January 1	relating to vertical clearance during the future
Over the next five-year reporting period, 100% of overhinspected for compliance with the NESC vertical cleara	ead transmission facilities are anticipated to be nee requirements.
Based on historical outage performance, a portion of th simultaneously while trouble-shooting outages.	ese vertical clearance inspections will occur
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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.

ignature

Bill Wiggins Printed Name

City Manager Job Title

City of Livingston

Name of Affected Entity

Sworn and subscribed before me this A day of

Month

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STACY EDWARDS Notary Public, State of Texas Notary ID # 1153000-6 Comm. Exp.: 12-29-2025 Notary Public in and For the State of

My commission expires on