

Control Number: 56354



Item Number: 1353

PUC DOCKET NO. 56354

RATEPAYER COMMENTS/REQUESTS TO INTERVENE

If you wish to PROTEST the proposed rate change, you must complete this form and file it electronically using the PUC Interchange Filer (http://www.puc.texas.gov/industry/filings/E-FilingInstructions.pdf) or mail the original to:
Filing Clerk Public Utility Commission of Texas 1701 North Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326
No hearing will be held and the rates will be effective as proposed <u>unless</u> protests are received from at least 10% of ratepayers or from any affected municipality, or the Commission Staff requests a hearing.
CUSTOMER INFORMATION (please provide all of the requested information)
First Name: RICHARD & BEVERLY Last Name: GARTNER Phone Number: (832) 451-4516 Fax Number: — Email Address: LDMMI LIAY MS & SDCG lobal. NET Address, City, State: 3935 WHISPERING WOODS LN., RICHMONTX. 77406 Location where service is received: SAME (if different from the mailing address) Please fill out the following:
I wish to PROTEST the following proposed rate action/s: I wish to be a COMMENTER. I understand that: I am NOT a party to this case; my comments are not considered evidence in this case; and I have no further obligation to participate in the proceeding. Public comments may help inform the PUCT of the public concerns and identify issues to be explored. Please provide comments below. Attach a separate page, if necessary.
☐ I am requesting to INTERVENE in this proceeding. As an INTERVENOR, I understand that: I am a party to the case; I am required to respond to all discovery requests from other parties; I may be required to attend hearings, and if I file testimony, I may be cross-examined in the hearing; if I file any documents in the case, I must provide a copy to every other party in the case; and I acknowledge that I am bound by the Procedural Rules of the PUCT and the State Office of Administrative Hearings (SOAH).
Signature of Ratepayer: Beverly Gartner, Mall State: 4/19/24

Si desea informacion en Espanol, puede llamar al

1-888-782-8477

Hearing- and speech-impaired individuals with text telephones may contact the PUCT's Customer Assistance Hotline at **512-936-7136**

			NOTIC	CE O	F P	ROP	OSED	RATE	CHAN	GE -	- WAT	ER			
CURRENT RATES							PROPOSED RATES								
Minimum Monthly Charge includes 0 gallons						Minimum Monthly Charge includes 0 gallons						allons			
	Meter Size:							Meter Size:							
RESIDENTIAL							RESID	ENTIA	L						
5/8" \$ 50.93								5/8	"		\$	68.8	30		
					6.40		3/4" \$					103	.21		
	_ 	**		\$		27.33	,	1" \$				172			
		/2"		\$	_						<u> 344</u>				
		,,,		\$	4	07.44						<u>550</u>	.40		
		"		\$				<u> </u>	3'			\$			
Other:			tered)	\$		1,49	-	Other: (Unmetered) \$ 110.08							
			NAGE	CHA					, ,		NAGE (CHAI			
TIER	VOLU	ME				HARG 00 gals.	-	TIER	VOLU	ME				HARG 00 gals,	-
				· · ·		oo Bain.	/1000						<u>^</u>	ov gais,	/1000
Tier 1	0	to	6,000	gals.	\$	2.41	gals.	Tier 1	0	to	6,000	gals.	\$	3.26	gals.
Tier 2	6,001	to	15,000	, cole	æ	3.33	/1000	Tier 2	6,001	to	15,000	gals.	\$	4.50	/1000
TICE Z	0,001	ω	13,000	gars.	Ф	رد.د.	gals. /1000	1101 2	0,001	to	13,000	gara.	Φ	4.50	gals. - /1000
Tier 3	15,001	to	25,000	gals.	\$	5.64	gals.	Tier 3	15,001	to	25,000	gals.	\$	7.62	gals.
Tion 4	25 001				•	0.10	/1000	Tion 4	25.001				_	11.00	/1000
Tier 4	25,001	and	up	gals.	\$	8.18	gals. /1000	Tier 4	25,001	and	пр	gals.	\$	11.05	gals. /1000
Tier 5		to	. ′	gals.	\$		gals.	Tier 5		to		gals.	\$		gals.
MISCELLANEOUS FEES						MISCELLANEOUS FEES									
Tap Fee \$ 1,200.00							Tap Fe		\$	1,2	00.0	0.			
Reconnect Fee:						Reconnect Fee:									
Non-payment \$ 25.00						Non-payment (Maximum \$25.00) \$ 25.00									
	tomon's	Dogu			_		• • • • • • • • • • • • • • • • • • • •	(Maximum - \$25.00) \$ 25.00 Customer's Request \$ 50.00							
Customer's Request \$ 50.00 After hours reconnection \$ 50.00						ours rec		 	50.		•	· ··			
After hours reconnection \$ 50.00 Transfer Fee \$ 65.00						Transfer		\$ S							
Late Charge \$ 5.00 or 10%					Late Charge \$ 5.00 or 10%										
Returned Check Charge \$ 30.00					Returned Check Charge \$ 30.0					1070					
Deposit \$ 50.00					Deposit \$ 50.00										
F					(Maximum \$50.00)										
Meter Test Fee \$ 25.00				·	Meter Test Fee \$ 25.			00							
(Residential)					(Residential)										
λ	Meter Test Fee \$ 50.00					M	leter Tes	t Fee	- \$	50.	00				
(Commercial)						(Commer	cial)							

Regulatory Assessment of 1% is added to the minimum monthly charge and gallonage charges. Additional fees and meter sizes may be shown on a separate page.

If applicable, list any bill payment assistance programs to low income ratepayers.

PUC DOCKET NO. 56354 NOTICE OF PROPOSED RATE CHANGE PURSUANT TO

TEXAS WATER CODE § 13.187

	Undine Texas	, LLC		13260						
	Company N	ame		CCN Number(s)						
may be revutility's offi rates will ap If the Com- ratepayers (municipality next page in	rate change application iewed online at intercipe at the address below ply to service received mission receives a sure 10 percent of the utility before the 91st day affor instructions on he IVE DATE OF PRoleast 35 days after notice	hange.puc.ter w or at the Col l after the effe fficient numl y's customers ter the propose ow to protes OPOSED II	cas.gov. Your commission of the case of protest over whose ded effective of the case of th	bu may also inside office (1701 for ovided below, ests, separately are rates the Comme date, the matter. 6. 05/02/20	pect a copy of N. Congress A unless modification in a combinistion has or will be set	of the rate tive, Aust ed or su ined pro- iginal jur for hearing	e change ap in, TX 78701 spended by t test letter, fro isdiction) or f	plication at your). The proposed he Commission. m at least 1,331 rom any affected		
(Proposed ra	tes requested by the utili s collected during the per	ty are not final	l. The Comi	mission may mod	ify the rates an	d order a		t against future		
) for Proposed Ra									
	d revenue requiren					l costs o	of capital ex	kpenditures		
to renabi	ilitate systems; cor	isolidation	or newly	acquired sys	tems.					
BILLING Water	G COMPARISON	ł (assumes	base rate	e for 5/8" me	eter)					
Existing	5,000 gallons: \$	62.98	/mo	Proposed	5,000 gal	lons: \$	85.10	/mo		
Existing	10,000 gallons: \$	78.71	/mo 	Proposed	10,000 gal	lons: \$	106.36	/mo		
Water -	Pass Through Ch	arges								
Existing	5,000 gallons: \$		/mo	Proposed	5,000 gal	llons: \$		/mo		
Existing	10,000 gallons: \$		/mo	Proposed	10,000 gal	llons: \$	<u>. </u>	/mo		
Sewer										
Existing	5,000 gallons: \$		/mo	Proposed	5,000 gal	llons: \$		/mo		
	systems include t		-			_		-		
	nsumers Water, Inc				ulf Coast U	tility C	ompany, In	c., and		
Chuck B	sell dba Chuck Bel			tem(s) Affected	hy Rate Chan	oe.				
					-	₽c				
	elge Road	Сург	ess	Тех		77429				
Company Address		City		State		Zip				
(713) 57	4-5953	•								
	y Phone Number									
\$3,655,5	98.90 (Undine Texas, LLC	;)								
	nual Revenue Increase		ss-Through	hrough Annual Revenue Increase Sewer Annual Revenue Increase						
00 100 100	20.4				14 lana -		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
03/28/20			8/1/2022 (Docket No. 50200)							
Date Cu	rrent Rate Change No	7	Date of Last Rate Change							

AFFIDAVIT

STATE OF TEXAS						
COUNTY OF HARRIS						
I, CAREY A. THOMAS being duly sworn, fil	e this NOTICE OF	F PROPOSED RATE				
as SENIOR VICE PRESIDENT that is, owner, member of partnership, title as office of Utility); that, in such capacity, I am qualified and all statements and matters set forth herein are true:	d authorized to file	-				
I further represent that a copy of the attached notice	was provided by	U.S.P.S. (method of delivery)				
to each affected customer, each affected municipal	lity, the Office of Pr	ublic Utility Counsel, and any				
other affected party on or about	MARCH 28	, 20 _ 24				
	(Utility's A	AFFIANT authorized Representative)				
	UNDINE TEXAS	S, LLC				
	NA	ME OF UTILITY				
If the Affiant to this form is any person other than attorney, a properly verified Power of Attorney mu		artner, officer of the Utility, or its				
SUBSCRIBED AND SWORN TO BEFORE this the 28TH day of MARCH , 20 seal of office.	_24_, to certify w	hich witness my hand and				
SEAL	Holls H	LIPLIC IN AND FOR THE				
HOLLY H. MCCLAREN Notery Public, State of Texes Comm. Expires 08-18-2027	NOTAKY P ST	PUBLIC IN AND FOR THE TATE OF TEXAS				
Notary ID 128648132	HOLLY H. MCC PRINT OR T	LAREN YPE NAME OF NOTARY				

MY COMMISSION EXPIRES JUNE 18, 2027