



Filing Receipt

Filing Date - 2025-01-03 05:02:21 PM

Control Number - 56354

Item Number - 1790

NOTICE OF PROPOSED RATE CHANGE - WATER

CURRENT RATES					PROPOSED RATES								
Minimum Monthly Charge includes		0	gallons		Minimum Monthly Charge includes		0	gallons					
Meter Size: RESIDENTIAL					Meter Size: RESIDENTIAL								
5/8"		\$	50.93		5/8"		\$	74.21					
3/4"		\$	76.40		3/4"		\$	111.33					
1"		\$	127.33		1"		\$	185.54					
1 1/2"		\$	254.65		1 1/2"		\$	371.07					
2"		\$	407.44		2"		\$	593.71					
3"		\$			3"		\$						
Other: (Unmetered)		\$	81.49		Other: (Unmetered)		\$	118.75					
GALLONAGE CHARGE:					GALLONAGE CHARGE:								
TIER	VOLUME			CHARGE per 1000 gals.		TIER	VOLUME			CHARGE per 1000 gals.			
Tier 1	0	to	6,000	gals.	\$ 2.41	/1000	Tier 1	0	to	6,000	gals.	\$ 3.51	/1000
Tier 2	6,001	to	15,000	gals.	\$ 3.33	/1000	Tier 2	6,001	to	15,000	gals.	\$ 4.85	/1000
Tier 3	15,001	to	25,000	gals.	\$ 5.64	/1000	Tier 3	15,001	to	25,000	gals.	\$ 8.22	/1000
Tier 4	25,001	and up		gals.	\$ 8.18	/1000	Tier 4	25,001	and up		gals.	\$ 11.92	/1000
Tier 5		to		gals.	\$	/1000	Tier 5		to		gals.	\$	/1000
MISCELLANEOUS FEES					MISCELLANEOUS FEES								
Tap Fee		\$	1,200.00		Tap Fee		\$	1,200.00					
Reconnect Fee: Non-payment		\$	25.00		Reconnect Fee: Non-payment (Maximum - \$25.00)		\$	25.00					
Customer's Request		\$	50.00		Customer's Request		\$	50.00					
After hours reconnection		\$	50.00		After hours reconnection		\$	50.00					
Transfer Fee		\$	65.00		Transfer Fee		\$	65.00					
Late Charge		\$	5.00 or 10%		Late Charge		\$	5.00 or 10%					
Returned Check Charge		\$	30.00		Returned Check Charge		\$	30.00					
Deposit		\$	50.00		Deposit (Maximum \$50.00)		\$	50.00					
Meter Test Fee (Residential)		\$	25.00		Meter Test Fee (Residential)		\$	25.00					
Meter Test Fee (Commercial)		\$	50.00		Meter Test Fee (Commercial)		\$	50.00					

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.

AFFIDAVIT

STATE OF TEXAS

COUNTY OF HARRIS

I, CAREY A. THOMAS being duly sworn, file this **NOTICE OF PROPOSED RATE CHANGE**

as SENIOR VICE PRESIDENT (indicate relationship to Utility that is, owner, member of partnership, title as officer of corporation, or other authorized representative of Utility); that, in such capacity, I am qualified and authorized to file and verify such notice; and that all statements and matters set forth herein are true and correct.

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 municipality, the Office of Public Utility Counsel, and any other affected party on or about DECEMBER 19, 20 24

Carey A. Thomas

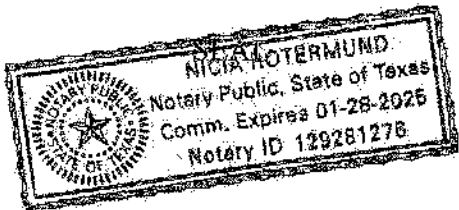
AFFIANT
(Utility's Authorized Representative)

UNDINE TEXAS, LLC
NAME OF UTILITY

If the Affiant to this form is any person other than the sole owner, partner, officer of the Utility, or its attorney, a properly verified Power of Attorney must be enclosed.

SUBSCRIBED AND SWORN TO BEFORE

this the 16TH day of DECEMBER, 20 24, to certify which witness my hand and seal of office.



Nicia Rotermund
NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

NICIA ROTERMUND
PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES JANUARY 28, 2025

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 unless 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: BRUCE Last Name: MORRIS
Phone Number: 281-468-5261 Fax Number: _____
Email Address: MORRIS_BRUCE@ATT.NET
Address, City, State: 2214 OLD OX RD SPRING TX 77386

Location where service is received: _____
(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:

Date: 12/30/2024

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