

ANNUAL REPORT

Of

Company Name:

Sunrise Utilities, L.L.C. 190 E. Mesquite Blvd., Unit A
--

Mailing Address: Mesquite NV
89027

RECEIVED BY EMAIL

4/2/2026, 10:00 AM

**ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION**

Docket No.:

WS-04247A

For the Year Ended:

12/31/25

WASTEWATER UTILITY

To

Arizona Corporation Commission

Due on April 15th

Email: Util-Compliance@azcc.gov, mail or deliver the completed Annual Report to:

Arizona Corporation Commission
Compliance Section - Utilities Division
1200 West Washington Street
Phoenix, Arizona 85007

Application Type:

Original Filing

Application Date:

4/6/2026

ARIZONA CORPORATION COMMISSION
WASTEWATER UTILITY ANNUAL REPORT
Sunrise Utilities, L.L.C.
A Class ☐ Utility

For the Calendar Year Ended: 12/31/25

Primary Address:

190 E. Mesquite Blvd., Unit A			
City:	Mesquite	State:	Nevada
		Zip Code:	89027

Telephone Number:

702-813-1093

Date of Original Organization of Utility:

1/1/2004

Person to whom correspondence should be addressed concerning this report:

Name:

David Rall

Telephone No. :

702-813-1093

Address:

190 E. Mesquite Blvd, Unit A			
City:	Mesquite	State:	Nevada
		Zip Code:	89027

Email:

davidrall100@gmail.com

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Name:

David Rall

Telephone No. :

702-813-1093

Address:

190 E. Mesquite Blvd, Unit A			
City:	Mesquite	State:	Nevada
		Zip Code:	89027

Email:

davidrall100@gmail.com

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Name:

David Rall

Telephone No. :

702-813-1093

Address:

190 E. Mesquite Blvd, Unit A			
City:	Mesquite	State:	Nevada
		Zip Code:	89027

Email:

davidrall100@gmail.com

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Name:

David Rall

Telephone No. :

702-813-1093

Address:

190 E. Mesquite Blvd, Unit A			
City:	Mesquite	State:	Nevada
		Zip Code:	89027

Email:

davidrall100@gmail.com

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Name:

David Rall

Telephone No. :

702-813-1093

Address:

190 E. Mesquite Blvd, Unit A			
City:	Mesquite	State:	Nevada
		Zip Code:	89027

Email:

davidrall100@gmail.com

Ownership:

Limited Liability Company ("LLC")

Counties Served:

Mohave

Important changes during the year
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No	For those companies not subject to the affiliated interest rules, has there been a change in ownership or direct control during the year?
	If yes, please provide specific details in the box below.
	none

No	Has the company been notified by any other regulatory authorities during the year, that they are out of compliance?
	If yes, please provide specific details in the box below.
	none

Utility Plant in Service (Wastewater)							
Account No.	Description	Beginning Year Original Cost	Current Year Additions	Current Year Retirements	Adjusted Original Cost	Accumulated Depreciation	OCLD (OC less AD)
351	Organization	\$0	\$0	\$0	\$0	\$0	\$0
352	Franchises	\$0	\$0	\$0	0	\$0	0
353	Land and Land Rights	\$0	\$0	\$0	0	\$0	0
354	Structures and Improvements	\$0	\$0	\$0	0	\$0	0
355	Power Generation Equipment	\$0	\$0	\$0	0	\$0	0
360	Collections Wastewater - Force	\$0	\$0	\$0	0	\$0	0
361	Collections Wastewater - Gravity	\$0	\$0	\$0	0	\$0	0
362	Special Collecting Structures	\$0	\$0	\$0	0	\$0	0
363	Services to Customers	\$0	\$0	\$0	0	\$0	0
364	Flow Measuring Devices	\$0	\$0	\$0	0	\$0	0
365	Flow Measuring Installations	\$0	\$0	\$0	0	\$0	0
366	Reuse Services	\$0	\$0	\$0	0	\$0	0
367	Reuse Meters & Meter Installations	\$0	\$0	\$0	0	\$0	0
370	Receiving Wells	\$0	\$0	\$0	0	\$0	0
371	Pumping Equipment	\$0	\$0	\$0	0	\$0	0
374	Reuse Distribution Reservoirs	\$0	\$0	\$0	0	\$0	0
375	Reuse Trans. And Distr. Equipment	\$0	\$0	\$0	0	\$0	0
380	Treatment and Disposal Equipment	\$0	\$0	\$0	0	\$0	0
381	Plant Sewers	\$0	\$0	\$0	0	\$0	0
382	Outfall Sewer Lines	\$0	\$0	\$0	0	\$0	0
389	Other Plant and Misc. Equipment	\$0	\$0	\$0	0	\$0	0
390	Office Furniture and Equipment	\$0	\$0	\$0	0	\$0	0
390.1	Computer & Software	\$0	\$0	\$0	0	\$0	0
391	Transportation Equipment	\$0	\$0	\$0	0	\$0	0
392	Stores Equipment	\$0	\$0	\$0	0	\$0	0
393	Tools, Shop and Garage Equipment	\$0	\$0	\$0	0	\$0	0
394	Laboratory Equipment	\$0	\$0	\$0	0	\$0	0
395	Power Operated Equipment	\$0	\$0	\$0	0	\$0	0
396	Communication Equipment	\$0	\$0	\$0	0	\$0	0
397	Miscellaneous Equipment	\$0	\$0	\$0	0	\$0	0
398	Other Tangible Plant	\$0	\$0	\$0	0	\$0	0
	Totals	\$0	\$0	\$0	\$0	\$0	\$0

Instructions: Fill out the Grey Cells with the relevant information. Input 0 or none if there is nothing recorded in that account or there is no applicable information to report.

Sunrise Utilities, L.L.C.

Annual Report

Depreciation Expense for the Current Year (Wastewater)

12/31/25

Depreciation Expense for the Current Year (Wastewater)								
Account No.	Description	Beginning Year Original Cost	Current Year Additions	Current Year Retirements	Adjusted Original Cost	Fully Depreciated/Non- depreciable Plant	Depreciation Percentages	Depreciation Expense
351	Organization	\$0	\$0	\$0	\$0	\$0	0.00%	\$0
352	Franchises	0	0	0	0			0
353	Land and Land Rights	0	0	0	0			0
354	Structures and Improvements	0	0	0	0			0
355	Power Generation Equipment	0	0	0	0			0
360	Collections Wastewater - Force	0	0	0	0			0
361	Collections Wastewater - Gravity	0	0	0	0			0
362	Special Collecting Structures	0	0	0	0			0
363	Services to Customers	0	0	0	0			0
364	Flow Measuring Devices	0	0	0	0			0
365	Flow Measuring Installations	0	0	0	0			0
366	Reuse Services	0	0	0	0			0
367	Reuse Meters & Meter Installations	0	0	0	0			0
370	Receiving Wells	0	0	0	0			0
371	Pumping Equipment	0	0	0	0			0
374	Reuse Distribution Reservoirs	0	0	0	0			0
375	Reuse Trans. And Distr. Equipment	0	0	0	0			0
380	Treatment and Disposal Equipment	0	0	0	0			0
381	Plant Sewers	0	0	0	0			0
382	Outfall Sewer Lines	0	0	0	0			0
389	Other Plant and Misc. Equipment	0	0	0	0	0	0	0
390	Office Furniture and Equipment	0	0	0	0	0	0	0
390.1	Computer & Software	0	0	0	0	0	0	0
391	Transportation Equipment	0	0	0	0	0	0	0
392	Stores Equipment	0	0	0	0	0	0	0
393	Tools, Shop and Garage Equipment	0	0	0	0	0	0	0
394	Laboratory Equipment	0	0	0	0	0	0	0
395	Power Operated Equipment	0	0	0	0	0	0	0
396	Communication Equipment	0	0	0	0	0	0	0
397	Miscellaneous Equipment	0	0	0	0	0	0	0
398	Other Tangible Plant	0	0	0	0	0	0	0
	Subtotal	\$0	\$0	\$0	\$0	\$0		\$0

Contribution(s) in Aid of Construction (Gross)

\$0

Less: Non Amortizable Contribution(s)

0

Fully Amortized Contribution(s)

0

Amortizable Contribution(s)

\$0

Times: Proposed Amortization Rate

Amortization of CIAC

Less: Amortization of CIAC

DEPRECIATION EXPENSE

Instructions: Fill out the Grey Cells with the relevant information. Input 0 or none if there is nothing recorded in that account or there is no applicable information to report.

Sunrise Utilities, L.L.C.
Annual Report
Balance Sheet Assets
12/31/25

Balance Sheet Assets				
	Assets		Balance at Beginning of Year (2025)	Balance at End of Year (2025)
Account No.	Current and Accrued Assets			
131	Cash		\$0	\$0
132	Special Deposits		\$0	\$0
135	Temporary Cash Investments		\$0	\$0
141	Customer Accounts Receivable		\$0	\$0
142	Other Accounts Receivable		\$0	\$0
143	Accumulated Provision for Uncollectable Accounts		\$0	\$0
146	Notes Receivable from Associated Companies		\$0	\$0
151	Plant Material and Supplies		\$0	\$0
162	Prepayments		\$0	\$0
173	Accrued Utility Revenue		\$0	\$0
174	Miscellaneous Current and Accrued Assets		\$0	\$0
	Total Current and Accrued Assets		\$0	\$0
	Deferred Debits			
186.1	Deferred Rate Case Expense		\$0	\$0
	Total Deferred Debits		\$0	\$0
	Fixed Assets			
101	Utility Plant in Service*		\$0	\$0
103	Property Held for Future Use		\$0	\$0
105	Construction Work in Progress		\$0	\$0
108	Accumulated Depreciation (enter as negative)*		\$0	0
121	Non-Utility Property		\$0	\$0
122	Accumulated Depreciation - Non Utility		\$0	\$0
	Total Fixed Assets		\$0	\$0
	Total Assets		\$0	\$0

Instructions: Fill out the Grey Cells with the relevant information. Input 0 or none if there is nothing recorded in that account or there is no applicable information to report.

Note these items feed automatically from the adjusted end of year balance from AR4.

Sunrise Utilities, L.L.C.
Annual Report
Balance Sheet Liabilities and Owners Equity

Balance Sheet Liabilities and Owners Equity				
	Liabilities		Balance at Beginning of Year (2025)	Balance at End of Year (2025)
Account No.	Current Liabilities			
231	Accounts Payable		\$0	\$0
232	Notes Payable (Current Portion)		\$0	\$0
234	Notes Payable to Associated Companies		\$0	\$0
235	Customer Deposits		\$0	\$0
236	Accrued Taxes		\$0	\$0
237	Accrued Interest		\$0	\$0
241	Miscellaneous Current and Accrued Liabilities		\$0	\$0
253	Other Deferred Credits		\$0	\$0
	Total Current Liabilities		\$0	\$0
	Long Term Debt			
224	Long Term Debt (Notes and Bonds)		\$0	\$0
	Total Long Term Debt		\$0	\$0
	Deferred Credits			
252	Advances in Aid of Construction		\$0	\$0
255	Accumulated Deferred Investment Tax Credits		\$0	\$0
271	Contributions in Aid of Construction		\$0	\$0
272	Less: Amortization of Contributions		\$0	\$0
281	Accumulated Deferred Income Tax		\$0	\$0
	Total Deferred Credits		\$0	\$0
	Total Liabilities		\$0	\$0
	Capital Accounts			
201	Common Stock Issued		\$0	\$0
211	Other Paid-In Capital		\$0	\$0
215	Retained Earnings		\$0	\$0
218	Proprietary Capital (Sole Props and Partnerships)		\$0	\$0
	Total Capital		\$0	\$0
	Total Liabilities and Capital		\$0	\$0

Instructions: Fill out the Grey Cells with the relevent information. Input 0 or none if there is nothing recorded in that account or there is no applicable information to report.

Note: Total liabilities and Capital must match total assets for the beginning and end of the year!

Wastewater Comparative Income Statement			
Account No.	Calendar Year	Current Year 01/01/2025 - 12/31/2025	Last Year 01/01/2024 - 12/31/2024
	Operating Revenue		
521	Flat Rate Revenues	\$0	\$0
522	Measured Revenues	\$0	\$0
534	Rents from Wastewater Property	\$0	\$0
536	Other Wastewater Revenues	\$0	\$0
	Total Revenues	\$0	\$0
	Operating Expenses		
701	Salaries and Wages	\$0	\$0
704	Employee Pensions and Benefits	\$0	\$0
710	Purchased Wastewater Treatment	\$0	\$0
711	Sludge Removal Expense	\$0	\$0
715	Purchased Power	\$0	\$0
716	Fuel for Power Production	\$0	\$0
718	Chemicals	\$0	\$0
720	Materials and Supplies	\$0	\$0
720.1	Repairs and Maintenance	\$0	\$0
720.2	Office Supplies and Expense	\$0	\$0
721	Office Expense	\$0	\$0
731	Contractual Services -Engineering	\$0	\$0
732	Contractual Services - Accounting	\$0	\$0
733	Contractual Services - Legal	\$0	\$0
734	Contractual Services - Management Fees	\$0	\$0
735	Contractual Services - Testing	\$0	\$0
736	Contractual Services - Other	\$0	\$0
740	Rents - Building	\$0	\$0
742	Rents - Equipment	\$0	\$0
750	Transportation Expenses	\$0	\$0
757	Insurance - General Liability	\$0	\$0
758	Insurance - Worker's Compensation	\$0	\$0
759	Insurance - Other	\$0	\$0
760	Advertising Expense	\$0	\$0
766	Regulatory Commission Expense - Rate Case	\$0	\$0
767	Regulatory Commission Expense - Other	\$0	\$0
770	Bad Debt Expense	\$0	\$0
775	Miscellaneous Expense	\$0	\$0
403	Depreciation Expense (From Schedule AR4)		\$0
408	Taxes Other Than Income	\$0	\$0
408.11	Property Taxes	\$0	\$0
408.12	Payroll Taxes	\$0	\$0
409	Income Taxes	\$0	\$0
	Total Operating Expenses	\$0	\$0
	Operating Income / (Loss)	\$0	\$0
	Other Income / (Expense)		
414	Gain (Loss) on Dispositions	\$0	\$0
419	Interest and Dividend Income	\$0	\$0
421	Non-Utility Income	\$0	\$0
426	Miscellaneous Non-Utility (Expense)	\$0	\$0
427	Interest (Expense)	\$0	\$0
	Total Other Income / (Expense)	\$0	\$0
	Net Income / (Loss)	\$0	\$0

Instructions: Fill out the Grey Cells with the relevant information. Input 0 or none if there is nothing recorded in that account or there is no applicable information to report.

Sunrise Utilities, L.L.C.
Annual Report
Full time equivalent employees
12/31/25

Full time equivalent employees

	Direct Company	Allocated	Outside service	Total
President	0.0	0.0	0.0	0.0
Vice-president	0.0	0.0	0.0	0.0
Manager	0.0	0.0	0.0	0.0
Engineering Staff	0.0	0.0	0.0	0.0
System Operator(s)	0.0	0.0	0.0	0.0
Customer Service	0.0	0.0	0.0	0.0
Accounting	0.0	0.0	0.0	0.0
Business Office	0.0	0.0	0.0	0.0
Rates Department	0.0	0.0	0.0	0.0
Administrative Staff	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0
Total	0.0	0.0	0.0	0.0

Instructions: Fill out the Grey Cells with the relevant information. Input 0 or none if there is nothing recorded in that account or there is no applicable information to report. A full-time employee is based on 2080 total hours per year. Please calculate partial employees using 2080 hours.

Sunrise Utilities, L.L.C.
Annual Report
Supplemental Financial Data (Long-Term Debt)
12/31/25

Supplemental Financial Data (Long-Term Debt)				
	Loan #1	Loan #2	Loan #3	Loan #4
Date Issued	1/0/1900	1/0/1900	1/0/1900	1/0/1900
Source of Loan	0	0	0	0
ACC Decision No.	0	0	0	0
Reason for Loan	0	0	0	0
Dollar Amt. Issued	0	0	0	0
Amount Outstanding	0	0	0	0
Date of Maturity	0	0	0	0
Interest Rate	0	0	0	0
Current Year Interest	0	0	0	0
Current Year Principal	0	0	0	0

Meter Deposit Balance at Test Year End:	\$0
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Meter Deposits Refunded During the Test Year:	\$0
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List all bonds, notes, loans, and other types of indebtedness in which the proceeds were used in the provision of public utility service. Indebtedness incurred for personal uses by the owner of the utility should not be listed. Input 0 or none if there is nothing to report for that cell.

Wastewater Utility Plant Description

Name of System:	none
Wastewater Inventory Number (if applicable):	NONE
Type of Treatment	Other
Design Capacity of Plant (Gallons per day)	NONE

LIFT STATION FACILITIES					
Location	Quantity of Pumps	Horsepower Per Pump	Rated Capacity Per Pump (GPM)	Wet Well Capacity (gals)	Year Constructed
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0

FORCE MAINS			
Size	Material	Length (Feet)	
NA	NA		0
NA	NA		0
NA	NA		0
NA	NA	NA	0
NA	NA	NA	0
NA	NA	NA	0
NA	NA	NA	0

MANHOLES	
Type	Quantity
Standard	0
Drop	0

CLEANOUTS
Quantity
0
0
0
0

Note: If you are filing for more than one system, please provide separate sheets for each system.
--

Instructions: Fill out the Grey Cells with the relevent information. Input 0 or none if there is nothing recorded in that account or there is no applicable information to report. Copy and paste this sheet as many times as is necessary.
--

Wastewater Utility Plant Description (Continued)							
GRAVITY MAINS					SERVICES/LATERALS		
Sizes (inches)	Material		Length (feet)		Size (inches)	Material	Quantity
NA	NA		0		NA	NA	0
NA	NA	NA	0		NA	NA	0
NA	NA	NA	0		NA	NA	0
NA	NA	NA	0		NA	NA	0
NA	NA	NA	0		NA	NA	0
NA	NA	NA	0		NA	NA	0
NA	NA	NA	0		NA	NA	0
NA	NA	NA	0		NA	NA	0
NA	NA	NA	0		NA	NA	0
NA	NA	NA	0		NA	NA	0
NA	NA	NA	0		NA	NA	0
NA	NA	NA	0		NA	NA	0
NA	NA	NA	0		NA	NA	0

Joel MattesonMatteson Auto

Joel MattesonMatteson Auto

For the following five items, list the utility owned assets in each category for each system.

SOLIDS PROCESSING AND HANDLING FACILITIES	NONE
DISINFECTION EQUIPMENT (Chlorinator, Ultra-Violet, Etc.)	NONE
FILTRATION EQUIPMENT (Rapid Sand, Slow Sand, Activated Carbon, Etc.)	NONE
STRUCTURES (Buildings, Fences, Etc.)	NONE
Other (Laboratory Equipment, Tools, Vehicles, Standby, Power Generators, Etc.)	NONE

Note: If you are filing for more than one system, please provide separate sheets for each system.

Instructions: Fill out the Grey Cells with the relevent information. Input 0 or none if there is nothing recorded in that account or there is no applicable information to report. Copy and paste this sheet as many times as is necessary.

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Wastewater Flows					
Month	Number of Services	Total Monthly Sewage Flow (Gallons)	Sewage Flow on Peak Day	Purchased Power Expense ¹	Purchased Power (kWh) ²
January	0	0	0	\$0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
	Totals	0	0	\$0	0

Provide the following information as applicable per wastewater system:

Method of Effluent Disposal	Other
Groundwater Permit Number	0
ADEQ Aquifer Protection Permit ("APP") Number	0
ADEQ Reuse Permit Number	0
EPA NPDES Permit Number	0
APP Effluent Treatment Requirement (Class)?	0
Permitted Flow Rate	0
Permitted Organic Capacity	0%
Hydraulic Capacity	0%
Type of Biological Treatment	N/A

In the space below, list all violations within the past 12 months:

NONE

Note: If you are filing for more than one system, please provide separate sheets for each system.

1 Enter the total purchased power costs for the power meters associated with this system.

2 Enter the total purchased kWh used by the power meters associated with this system.

Instructions: Fill out the Grey Cells with the relevant information. Input 0 or none if there is nothing recorded in that account or there is no applicable information to report.

Sunrise Utilities, L.L.C.
Annual Report
Utility Shutoffs / Disconnects
12/31/25

Utility Shutoffs / Disconnects	
Name of System:	none
Wastewater Inventory Number (if applicable):	NONE

Month	Termination without Notice R14-2-609.B	Termination with Notice R14-2- 609.C	Other
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0
Total	0	0	0

Other (description):

NONE

Instructions: Fill out the Grey Cells with the relevent information. Input 0 or none if there is nothing recorded in that account or there is no applicable information to report.

Sunrise Utilities, L.L.C.
Annual Report
Utility Shutoffs / Disconnects
12/31/25

Utility Shutoffs / Disconnects	
Name of System:	none
Wastewater Inventory Number (if applicable):	NONE

Month	Termination without Notice R14-2-609.B	Termination with Notice R14-2- 609.C	Other
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total	0	0	0

Other (description):

--

Instructions: Fill out the Grey Cells with the relevent information. Input 0 or none if there is nothing recorded in that account or there is no applicable information to report.

Property Taxes	
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Amount of actual property taxes paid during Calendar Year 2025 was
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\$0

If no property taxes paid, explain why.

N/A

Instructions: Fill out the Grey Cells with the relevent information. Input 0 or none if there is nothing recorded in that account or there is no applicable information to report.

Verification and Certification (Taxes)

Verification: State of Arizona I, the undersigned of the
(state name)

County of (county name):

Mohave

Name (owner or official) title:

David Rall, Manager

Company name:

Sunrise Utilities, L.L.C.

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION.

FOR THE YEAR ENDING:

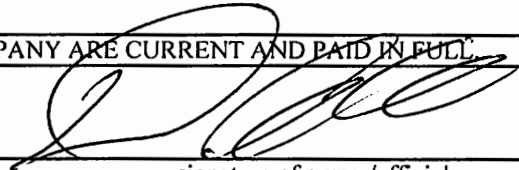
12/31/25

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Certification:

I CERTIFY THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I CERTIFY THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.



signature of owner/official

702-813-1093

telephone no.

WASTEWATER COMPANY PLANT DESCRIPTION	
Name of the System:	#REF!
Wastewater Inventory Number (if applicable):	#REF!

LIFT STATION FACILITIES					
Location	Quantity of Pumps	Horsepower Per Pump	Rated Capacity Per Pump (GPM)	Wet Well Capacity (gals)	Year Constructed
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
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#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!

FORCE MAINS		
Size	Material	Length (Feet)
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!

MANHOLES	
Type	Quantity
#REF!	#REF!
#REF!	0
#REF!	
#REF!	

CLEANOUTS
Quantity
#REF!
#REF!
#REF!
#REF!

WASTEWATER COMPANY PLANT DESCRIPTION

GRAVITY MAINS		
Sizes (inches)	Material	Length (feet)
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!

SERVICES		
Size (inches)	Material	Quantity
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!
#REF!	#REF!	#REF!

For the following five items, list the utility owned assets in each category for each system.	
SOLIDS PROCESSING AND HANDLING FACILITIES:	#REF!
DISINFECTION EQUIPMENT (Chlorinator, Ultra-Violet, Etc.):	#REF!
FILTRATION EQUIPMENT (Rapid Sand, Slow Sand, Activated Carbon, Etc.):	#REF!
STRUCTURES (Buildings, Fences, Etc.)	#REF!
Other (Laboratory Equipment, Tools, Vehicles, Standby, Power Generators, Etc.)	#REF!

WASTEWATER FLOWS

Month	Number of Services	Total Monthly Sewage Flow	Sewage Flow on Peak Day	Purchased Power Expense ¹	Purchased Power (kWh) ²
January	#REF!	#REF!	#REF!	#REF!	#REF!
February	#REF!	#REF!	#REF!	#REF!	#REF!
March	#REF!	#REF!	#REF!	#REF!	#REF!
April	#REF!	#REF!	#REF!	#REF!	#REF!
May	#REF!	#REF!	#REF!	#REF!	#REF!
June	#REF!	#REF!	#REF!	#REF!	#REF!
July	#REF!	#REF!	#REF!	#REF!	#REF!
August	#REF!	#REF!	#REF!	#REF!	#REF!
September	#REF!	#REF!	#REF!	#REF!	#REF!
October	#REF!	#REF!	#REF!	#REF!	#REF!
November	#REF!	#REF!	#REF!	#REF!	#REF!
December	#REF!	#REF!	#REF!	#REF!	#REF!
TOTAL	N/A	#REF!	#REF!	#REF!	#REF!

Provide the following information as applicable per wastewater system:

Method of Effluent Disposal #REF!
Groundwater Permit Number #REF!
ADEQ Aquifer Protection Permit ("APP") Number #REF!
ADEQ Reuse Permit Number #REF!
EPA NPDES Permil Number #REF!
APP Effluent Treatment Requirement (Class)? #REF!
Permitted Flow Rate #REF!
Permitted Organic Capacity #REF!
Hydraulic Capacity #REF!
Type of Biological Treatment #REF!

In the space below, list all violations within the past 12 months:

#REF!