

Matthew G. Bevin
Governor

Charles G. Snaveley
Secretary
Energy and Environment Cabinet



Commonwealth of Kentucky
Public Service Commission

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psc.ky.gov

Michael J. Schmitt
Chairman

Robert Cicero
Vice Chairman

June 20, 2017

PARTIES OF RECORD

RE: Case No. **2017-00234**

The Commission staff has reviewed the application in the above case and finds that it meets the minimum filing requirements and has been accepted for filing.

Enclosed please find a stamped filed copy of the first page of your filing. This case has been docketed and will be processed as expeditiously as possible.

If you need further assistance, please contact my staff at 502-564-3940.

Sincerely,

A handwritten signature in black ink that reads "Talina R. Mathews".

Talina R. Mathews
Executive Director

TM/BB

<p>Mail to:</p> <p>Division of Compliance Assistance Certification and Licensing Branch Operator Certification Program 300 Fair Oaks Lane Frankfort, KY 40601</p>	<p>Commonwealth of Kentucky Department for Environmental Protection</p> <p>Application for Approval of Courses for Continuing Education Credit</p> <p><i>Drinking Water Treatment, Drinking Water Distribution, Bottled Water, Wastewater Treatment and Collection System</i></p> <p>Telephone: 1-800-926-8111 www.dca.ky.gov/certification</p>	<p><i>For Official Use Only Do not write in this space</i></p> <p>RECEIVED</p> <p>JUN 05 2017</p> <p>PUBLIC SERVICE COMMISSION</p>
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I. Course Sponsor Information:

Agency Interest Number: _____

FILED

A. Sponsoring Organization (school, business, association, etc.):

Kentucky Water Resources Research Institute (University of Kentucky)
National Environmental Services Center (West Virginia University)

JUN 05 2017**PUBLIC SERVICE
COMMISSION**

Key Contact Person:

Name and Title: Lindell Ormsbee, Director KWRRRIAddress: 233 Mining and Mineral Resources Building, University of KentuckyCity, State and Zip: Lexington, KY 40506-0107Phone and Fax: P: 859-257-6329 F: 859-323-1049E-mail: Lindell.Ormsbee@uky.eduWeb Page: www.uky.edu/waterresources/☐ One-Time Approval Requested☒ Two-Year Approval Requested

B. If individual requesting approval is different than the key contact person for the sponsor, please complete the following information:

Name and Title: _____

Address: _____

City, State and Zip: _____

Phone and Fax: _____

E-mail: _____

II. General Course Information:A. Title: Sustainable Management of Rural and Small Systems Workshop (Workshop in a Box)B. Location and Date/s: Carter Caves State Park, Olive Hill, KY June 16, 2017C. Cost per Student or Group: \$ No Charge

D. Delivery Format or Media (check those that apply):

☒ Classroom☐ Web/Online☐ Laboratory☐ Exhibition☐ Field☐ CD-ROM☐ Video/Audio☐ Correspondence☐ Other (Explain) _____

*James A Kipp
Associate Director
Kentucky Water Resources Research Institute
233 Mining and Mineral Resources Bui
Lexington, KENTUCKY 40506