

P.S.C. Ky. No.....

Cancels P.S.C. Ky. No.....

CITY OF SOMERSET WATER SERVICE

OF

SOMERSET, KENTUCKY

Rates, Rules and Regulations for Furnishing

WATER

AT

THE MASTER METER

FOR

ELIHU-RUSH BRANCH, NELSON VALLEY, PULASKI COUNTY #1, PLEASANT HILL AND

PULASKI COUNTY #2 WATER DISTRICTS; BARNESBURG, OAK HILL, AND TATEVILLE WATER

ASSOCIATIONS; CITY OF EUBANK WATER SYSTEM.

Filed with PUBLIC SERVICE COMMISSION OF
KENTUCKY

ISSUED....., 19.....

EFFECTIVE....., 19.....

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

SEP 22 1994

PURSUANT TO 807 KAR 5.011,
SECTION 9 (1)

BY: Jordan L. Fisher
FOR THE PUBLIC SERVICE COMMISSION

ISSUED BY SOMERSET WATER SERVICE
(Name of Utility)

BY Lawrence M. Fisher
Manager

Form for filing Rate Schedules

ALL DISTRICTS, ASSOCIATIONS,
For CITY OF EUBANK
Community, Town or City

P.S.C. NO. _____

_____ SHEET NO. _____

CITY OF SOMERSET WATER SERVICE
Name of Issuing Corporation

CANCELLING P.S.C. NO. _____

_____ SHEET NO. _____

CLASSIFICATION OF SERVICE

	RATE PER UNIT
<p>Potable water served at the Master Meter for each Water District, Association, and the City of Eubank to serve their respective needs.</p> <p>Effective: October 1, 1992</p> <p>PUBLIC SERVICE COMMISSION OF KENTUCKY EFFECTIVE</p> <p>SEP 22 1994</p> <p>PURSUANT TO 807 KAR 5.011, SECTION 9(1)</p> <p>BY: <u><i>Jordan L. ...</i></u> FOR THE PUBLIC SERVICE COMMISSION</p>	<p>\$2.00/1000 gal</p>

DATE OF ISSUE _____

DATE EFFECTIVE _____

ISSUED BY _____
Name of Officer

TITLE _____

Issued by authority of an Order of the Public Service Commission of Kentucky
in Case No. _____ dated _____

FOR _____

P.S.C. Ky. No. _____

Sheet No. _____

CITY OF SOMERSET WATER SERVICE

Cancelling P.S.C. Ky. No. _____

Sheet No. _____

RULES AND REGULATIONS

As per contract agreement for each entity served.

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

SEP 22 1994

PURSUANT TO 807 KAR 5011,
SECTION 9(1)

BY: *[Signature]*
FOR THE PUBLIC SERVICE COMMISSION

DATE OF ISSUE _____
Month Day Year

DATE EFFECTIVE _____
Month Day Year

ISSUED BY _____
Name of Officer Title Address