

North Mercer Water District

PHONE 859-865-2292
FAX 859-865-4572

P.O. BOX 79

SALVISA, KENTUCKY 40372

July 14, 2005

RECEIVED

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PUBLIC SERVICE
COMMISSION

Kentucky Public Service Commission
P.O. Box 615
211 Sower Blvd.
Frankfort, KY 40602-0615

Attention: Beth O'Donnell

Case No. 2005-00307

Dear MS O'Donnell:

We are enclosing a request for a water storage deviation for a time period of five years. Original and seven copies as required.

If you need any more information, please contact us.

Sincerely,



Roy Short, Chairman
Board of Commissioners
NORTH MERCER WATER DISTRICT

RS:fb

Enclosures

Case No. 2005-00307

KENTUCKY PUBLIC SERVICE COMMISSION

Water Storage Requirement Deviation Request Application

807 KAR 5:066, Section 4(4): Storage. The minimum storage capacity for systems shall be equal to the average daily consumption.

This form is intended to assist water utilities seeking a deviation from the requirements of 807 KAR 5:066, Section 4(4) and for permission to either maintain less water storage capacity than the average daily consumption or to obtain additional time to attain minimum storage capacity equal to the average daily consumption.

To request a deviation from the requirements of 807 KAR 5:066, Section 4(4), please complete the following application in full.

Utility: NORTH MERCER WATER DISTRICT

Address: P.O. BOX 79 108 MAIN Street

City: SALVISA State: KY Zip Code: 40372

Telephone Number: (859) 865-2292 Number of Customers: 4055

County or Counties served: Mercer Anderson

Washington Boyle

Are you requesting a deviation:

() To maintain less water storage capacity than the average daily consumption?

(x) For additional time to attain minimum storage capacity equal to the average daily consumption?

I. Contact Information

Please provide information for the person to whom correspondence or communications concerning this application should be directed:

Name: Roy Short Title: Chairman, Board of Commissioners

Address: P. O. Box 79

City: Salvisa State: KY Zip Code: 40372

Telephone Number: (859) 865-2292

II. Filing Requirements

Please submit an original and seven (7) copies of the completed application to:

Kentucky Public Service Commission

Executive Director's Office

211 Sower Boulevard

Frankfort, Kentucky 40602

Telephone: (502) 564-3940

All correspondence and responses to supplemental information requests should be sent to the above address as well.

Copies of this form may be obtained by visiting the Kentucky Public Service Commission website at <http://psc.ky.gov> and clicking on the Forms bullet in the Quick Reference, or by contacting George Wakim, Branch Manager, Water & Sewer Branch, at (502) 564-3940.

III. Questionnaire:

Please answer all questions completely, attach additional sheets as necessary.

1. Provide the average daily water consumption. This should include all water sold, utility water usage, and unaccounted-for-water. following information:

Average Daily Consumption: 963,243

2. Please provide the following information:

Total number of water storage tanks in the system: 5

<u>Type of Storage Tank</u>	<u>Capacity</u>
<u>Standpipe</u>	<u>120,000</u>
<u>Elevated</u>	<u>125,000</u>
<u>Standpipe</u>	<u>132,000</u>
<u>Standpipe</u>	<u>282,000</u>
<u>Standpipe</u>	<u>117,000</u>
<u> </u>	<u> </u>
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3. Please provide a list of all large customers purchasing more than five (5) percent of the utility's average daily consumption. Also indicate which, if any, of these customers can sustain an interruption during emergencies.

None

<u>Customer</u>	<u>Daily Usage</u>	<u>Storage Facility</u>	<u>Capacity</u>	<u>Interruption</u>
		() Yes () No		() Yes () No
N/A		() Yes () No		() Yes () No
		() Yes () No		() Yes () No
		() Yes () No		() Yes () No
		() Yes () No		() Yes () No
		() Yes () No		() Yes () No

4. Please provide a list of all critical healthcare facilities served by the system.

<u>Facility</u>	<u>Daily Usage</u>	<u>Storage Facility</u>	<u>Capacity</u>
		() Yes () No	
N/A		() Yes () No	
		() Yes () No	
		() Yes () No	
		() Yes () No	
		() Yes () No	

5. Please provide the following information:

Does the utility:

Produce water? () Yes () No Purchase water? (x) Yes () No

If the utility purchases water, please provide the following information:

<u>Supplier</u>	<u>Average Amount Purchased</u>
City of Harrodsburg Water Dept.	963,243

6. If a supplier has storage capacity or reserves storage capacity for the benefit of your utility, please provide the following information:

<u>Supplier</u>	<u>Capacity</u>	<u>Proximity to Master Meter</u>
N/A		

7. Will your supplier issue your utility a letter of this additional storage capacity specifying whether they can sustain any of your system's interruptions to ensure you adequate continuity of service? () Yes () No

If yes, provide a copy of the agreement or letter.

8. Please provide a technical summary of operational deficiencies of the system that are known from experience or that are indicated by hydraulic analysis. This should include a list of outages that occurred in past years, their location, the cause and duration of any outages, customer complaints, areas of low pressure, and the availability of standby equipment, repair equipment, and contractors.

Low pressure complaints only at time of line breaks.

Approximatley 25 breaks with an average repair time of 2 hours each.

9. Please provide information on the growth potential for the system. This should include the number of new customers added per year and the possibility of extensive development (i.e. new subdivisions, businesses, etc.)

Add approximately 145 customers per year. We do not have any major extension projects planned for the near future (1-3 years)

10. Please describe any planning, to date, to bring the system into compliance with Commission regulations. This should include efforts to secure financing for the construction of additional storage facilities, as well as the estimated compliance date. If no planning has taken place, please explain why.

Currently are working on 2 projects which will use KY KIA Tobacco Settlement fund grants. These projects will add 2 tanks totaling approximately 340,000 gallons. Projects should be complete mid-year 2006.

IV. Signature:

I have read and completed this application, and to the best of my knowledge, all the information contained herein is true and correct.

Signed: Ray Short

Title: Chairman, Board of Commissioners

Date: 7-18-05

Melinda A. Ernst
July 1, 2005