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Magoffin County Water District

2007-368

P. O. BOX 490
SALYERSVILLE, KENTUCKY 41465

PHONE
606/349-6812

August 18, 2007

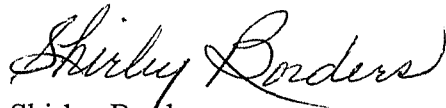
Aug 24, 07
Received

Brent Kirtley
Public Utility Rate Analysis
Public Service Commission
P. O. Box 615
Frankfort, KY 40601

Dear Mr. Kirtley:

Enclosed is a tear sheet from the local newspaper. Also enclosed are two rate sheets.

Sincerely,



Shirley Borders

Enclosures

r

FOR Magoffin County Water District

Community, Town or City

P.S.C. KY. NO. _____

SHEET NO. _____

Magoffin County Water District

(Name of Utility)

CANCELLING P.S.C. KY. NO. _____

SHEET NO. _____

RATES AND CHARGES

A. Monthly Rates:

Residential Rates

5/8"x 3/4" Meter

First	2,000 Gallons	\$14.72	Minimum Bill
Next	3,000 Gallons	6.56	per 1000 gallons
Next	5,000 Gallons	6.06	per 1000 gallons
Over	10,000 Gallons	5.56	per 1000 gallons

1" Meter

First	5,000 Gallons	\$34.40	Minimum Bill
Next	5,000 Gallons	6.06	per 1000 gallons
Over	10,000 Gallons	5.56	per 1000 gallons

Commercial Rates

3/4" Meter

First	3,000 Gallons	\$26.43	Minimum Bill
Next	2,000 Gallons	8.46	per 1000 gallons
Next	5,000 Gallons	7.81	per 1000 gallons
Next	5,000 Gallons	7.16	per 1000 gallons
Over	15,000 Gallons	6.86	per 1000 gallons

1" Meter

First	5,000 Gallons	\$43.35	Minimum Bill
Next	5,000 Gallons	7.81	per 1000 gallons
Next	5,000 Gallons	7.16	per 1000 gallons
Over	15,000 Gallons	6.86	per 1000 gallons

2" Meter

First	15,000 Gallons	\$118.20	Minimum Bill
Over	15,000 Gallons	6.86	per 1000 gallons

Disconnect /Reconnect Fee \$25.00

Connection Fee \$400.00

We give water to fire departments for fire use.

DATE OF ISSUE _____
Month / Date / Year

DATE EFFECTIVE _____
Month / Date / Year

ISSUED BY *Patrol Hahn* _____
(Signature of Officer)

TITLE *Chairman* _____

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION
IN CASE NO. _____ DATED _____

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Month / Date / Year

DATE EFFECTIVE _____
Month / Date / Year

ISSUED BY *Randall Hank* _____
(Signature of Officer)

TITLE *Chairman* _____

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION

IN CASE NO. _____ DATED _____