



## Western Lewis-Rectorville Water & Gas



OFFICE:  
8000 Day Pike  
Maysville, KY 41056  
(606) 759-5740  
1-800-230-5740  
(606) 759-5977 Fax

TTD/DEAF, HARD OF HEARING  
SPEECH IMPAIRED PERSONS  
CALL 711  
TTY USERS CALL  
1-800-648-6056  
NON-TTY USERS CALL  
1-800-648-6057

WATER  
TREATMENT PLANT  
8012 Kennedy Creek Rd.  
Maysville, KY 41056  
(606) 564-4449  
(606) 564-4414 Fax

March 25, 2009

Jeff Derouen  
Executive Director  
Public Service Commission  
P.O.Box 615  
211 Sower Boulevard  
Frankfort, Ky. 40602

RECEIVED

MAR 30 2009

PUBLIC SERVICE  
COMMISSION

Re: (Tariff) Case No:2009-00081 Western Lewis- Rectorville Water & Gas Dist.

Enclosed you will find the above tariff.

Should further information be needed, please advise.

Sincerely,

Pauline Bickley  
Senior Office Clerk

P.S.C. Ky. No. 2009-00081

Cancels P.S.C. Ky. No. 2008-00475

**WESTERN LEWIS RECTORVILLE WATER & GAS**  
**OF**  
**MASON & LEWIS COUNTIES**

**Rates, Rules and Regulations for Furnishing**

TARIFF CASE NO. 2009-00081

**AT**

8000 DAY PIKE  
MAYSVILLE, KY 41056

**Filed with PUBLIC SERVICE COMMISSION OF  
KENTUCKY**

ISSUED: MARCH 18,2008

EFFECTIVE: APRIL 01,2009

ISSUED BY: WESTERN LEWIS RECTORVILLE  
(Name of Utility)

BY: CHAIRMAN, JOHN THOMAS

PAULINE BICKLEY, SR. OFFICE CLERK

Form for filing Rate Schedules

For: Mason and Lewis Counties  
Community, Town or City

P.S.C. NO. \_\_\_\_ 2009-00081

\_\_\_\_ SHEET NO. \_\_\_\_

Western Lewis-Rectorville  
Name of Issuing Corporation

CANCELLING P.S.C. NO. \_ 2008-00475

\_\_\_\_ SHEET NO. \_\_\_\_

CLASSIFICATION OF SERVICE		RATE PER UNIT
RATES:	MONTHLY	
FIRST:	1,000 cu. ft. or less MIN.	\$ 12.1199
NEXT:	4,000 cu. ft. per 1,000 cu. ft.	9.5881
NEXT:	5,000 cu. ft. per 1,000 cu. ft.	9.5286
OVER:	10,000 ct. ft. per 1,000 cu. ft.	9.3544
CUSTOMER CHARGE		\$ 1.00 Per Month

DATE OF ISSUE MARCH 18, 2008

DATE EFFECTIVE APRIL 01, 2009

ISSUED BY JOHN THOMAS

TITLE CHAIRMAN

Name of Officer

Issued by authority of an Order of the Public Service Commission or Kentucky in Case No. \_\_\_\_\_

\_\_\_\_\_ dated \_\_\_\_\_.