

RECEIVED

KENTUCKY PUBLIC SERVICE COMMISSION

DEC 6 2016

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: Western Fleming County Water District

Address: 1500 Ewing Road

City: Ewing State: Ky Zip Code: 41039

Telephone Number: (606) 267-2120 Number of Customers: 1487

County or Counties served: Fleming Robertson  
Nicholas

Are you requesting a deviation:

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

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: VERNON BARTON Title: CHAIRMAN

Address: 1500 EWING RD

City: EWING State: KY Zip Code: 41039

Telephone Number: (606) 267-2120

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.

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: 1,225,488

2. Please provide the following information:

Total number of water storage tanks in the system: 9

Type of Storage Tank

Capacity

Delaware ELEVATED

300,000

Pecks Ridge ELEVATED

300,000

Fairview Standpipe

100,000

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.

<u>Customer</u>	<u>Daily Usage</u>	<u>Storage Facility</u>	<u>Capacity</u>	<u>Interruption</u>
Buffalo Trace Water	385,000 Avg	<input checked="" type="checkbox"/> Yes ( ) No	550,000	<input checked="" type="checkbox"/> Yes ( ) No
Nicholas Co. Water	275,000 Avg	<input checked="" type="checkbox"/> Yes ( ) No	289,000	<input checked="" type="checkbox"/> 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>
Robertson Co. Health Care	1,000 gallons	<input checked="" type="checkbox"/> Yes ( ) No	150,000
_____	_____	( ) 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?  Yes ( ) No

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

<u>Supplier</u>	<u>Average Amount Purchased</u>
Greater Regional	3mil gallons monthly
_____	_____
_____	_____
_____	_____
_____	_____

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>
Greater Regional		

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. (Attached)

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.

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.)

20 new

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.

We are planning on building a new Elevated Water Tower when financially able, within next six years.

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: Vernon Barts

Title: Chairman

Date: 11/29/16

Melinda A. Ernst  
July 1, 2005

### e. Service/Repair Contacts

Name	Name & Title	Telephone #	Alternate #	Email Address
<b>Bottled Water Service</b>				
KEN'S SUPERMARKET	ALLEN ARGO	606-849-2366		
<b>Bulk Water Supply</b>				
<b>Chemical Supplier</b>				
Chlorine	C.I. THORNBURG	859-255-0857	309-523-3484	
Other	C.I. THORNBURG	859-255-0857	309-523-3484	
<b>Contractor</b>				
RUARK EXCAVATING	JOHNNY RUARK	606-267-5531	606-782-1182	
"Dig Safe"		811		kentucky811.org
<b>Electrician</b>				
<b>Electric Utility</b>				
FLEMING-MASON ENERGY	CHRIS PERRY	606-845-2661		
<b>Gas/Propane Supplier</b>				
SOUTHERN STATES	RICK KIELMAN	606-845-5811		
<b>Generator Supplier</b>				
ON-SITE				
<b>Pipe Supplier</b>				
UTILITY SERVICE	JAMIE BALDRIDGE	1-888-994-7473	606-780-8700	
<b>Pump Supplier</b>				
OLDFIELD EQUIPMENT		513-563-7787	513-733-2766	
<b>Rental Equipment</b>				
MAYSVILLE RENTAL & SUPPLY		606-759-5717		
<b>Sewer Utility Company</b>				
N/A				
<b>Telemetry/SCADA Company</b>				
MICRO-COMM		913-390-4500		
<b>Telephone Company</b>				
A.T.&T.				
<b>Transportation Department</b>				
City				
County	FLEMING CO. ROAD DEPT.	606-845-1871		
State	HIGHWAY DEPT. DISTRICT 9	606-845-2551		
<b>Water Testing Laboratory</b>				
MCCOY & MCCOY LAB. INC.		1-270-821-7375		
<b>Well Drilling Company</b>				
FERGUSON & SONS WATER DRILLING		1-606-474-7070		