Matthew G. Bevin Governor

Charles G. Snavely Secretary Energy and Environment Cabinet



Public Service Commission

211 Sower Blvd. P.O. Box 615 Frankfort Kentucky 40602-0615 Telephone: (502) 564-3940 Fax: (502) 564-3460 psc.ky.gov

January 31, 2018

Michael J. Schmitt Chairman

> Robert Cicero Vice Chairman

Talina R. Mathews Commissioner

PARTIES OF RECORD

RE: Case No. 2018-00045

The Commission staff has reviewed the application in the above case and finds that it meets the minimum filing requirements and has been accepted for filing.

Enclosed please find a stamped filed copy of the first page of your filing. This case has been docketed and will be processed as expeditiously as possible.

If you need further assistance, please contact my staff at 502-564-3940.

Sincerely,

Gwen R. Pinson **Executive Director**

wen R. Punson

						REC	EIVE
PURCHASED WATER ADJUSTMENT FOR							2 9 2018
		(807 KA	AR 5:068)				SERVICE MISSION
		UNION COUN	TY WATER	DISTR	RICT		
Name of Util	ity						LED
		DECEMBER 1	3, 2017				Ban have had
Date	TOTAL THE STREET STREET, STREE	DO DOY 146					2 9 2018
A 11		P.O. BOX 1		neen			
Address		409 NORTH MORGANFIEL		REEI	42437		SERVICE
City, State, Z	in	MORGANTIEL	iD, KI		42437	COM	MISSION
City, State, 2	12	270-389-38	168				
Telephone Nu	umber						
		ucwdgarysheffer@yahoo.com					
Email Addres	SS						. n
2000 B 8 8 8 8 8 8 8							to a
					nd changed rate of		-11 (No. 4)
					is not a flat rate	schedule,	
the entire rate schedule must be shown. Attach additional sheets if necessary. Supplier(s) Base Rate Changed Rate							
Supplier(s) CITY OF MORGANFIELD,		2.5891		2.	Changed Rate 2.5650		
KY		2.3031					
1.b. A copy of	of the supplier's n	otice of the chan	ged rate sho	wing the	effective date of	the	
increase is att	ached as Exhibit	A					
2. Twelve-m	onth period upon	which the purch	nased water a	adjustme	nt is based. (This	twelve-	
month period	must end within	90 days of this fi	ling).	Octobe	r 2017		
E	November 2016		October 2017		2017		
From	(month and year)		(month and year)				
	(IIIOIIIII aliu year			/		10 11.0	e)
3. Statement	t of water purcha	ses. Where wa	ter is purch	ased from	n more than one	supplier,	
3. Statement of water purchases. Where water is purchased from more than one supplier, purchases from each supplier must be shown separately. If water is purchased through a							
declining block	ck rate schedule,	purchases for ea	ch month m	ust be sh	own. Attach an	additional	
sheet if neces							

*Gary Sheffer Manager Union County Water District 409 North Court Street P. O. Box 146 Morganfield, KY 42437

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