

Andy Beshear  
Governor

John Lyons  
Secretary  
Energy and Environment Cabinet

Angie Hatton  
Chair



Commonwealth of Kentucky  
**Public Service Commission**  
211 Sower Blvd.  
Frankfort, Kentucky 40601-8294  
Telephone: (502) 564-3940  
[psc.ky.gov](http://psc.ky.gov)

Mary Pat Regan  
Vice Chair

Andrew W. Wood  
Commissioner

Barry L. Mayfield  
Commissioner

October 1, 2026

## PARTIES OF RECORD

RE: Case No. 2026-00286  
Mountain Water District  
(Treated Sewage Adjustment)

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 file-stamped copy of the first page of the filing. This case has been docketed and will be processed as expeditiously as possible.

If you need further assistance, please contact Brian Thomas at 502-564-3940.

Sincerely,

A handwritten signature in blue ink that reads "Justin McNeil".

Justin McNeil  
Executive Director

Enclosure

| <b>TREATED SEWAGE ADJUSTMENT<br/>FOR SEWER UTILITIES<br/>(807 KAR 5:075)</b>                                                                                                                                                                                   |                                       |                     | <b>FILED<br/>SEP 29 2026<br/>PUBLIC SERVICE<br/>COMMISSION</b> |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|----------------------------------------------------------------|--|
| Name of Utility                                                                                                                                                                                                                                                | Mountain Water District               |                     |                                                                |  |
| Date                                                                                                                                                                                                                                                           | September 29, 2026                    |                     |                                                                |  |
| Address                                                                                                                                                                                                                                                        | 6332 Zebulon Highway<br>P.O. Box 3157 |                     |                                                                |  |
| City, State, Zip                                                                                                                                                                                                                                               | Pikeville,                            |                     | Kentucky 41502                                                 |  |
| Telephone Number                                                                                                                                                                                                                                               | (606) 631-9162                        |                     |                                                                |  |
| Email address                                                                                                                                                                                                                                                  | tolson@mtwater.org                    |                     |                                                                |  |
|                                                                                                                                                                                                                                                                |                                       |                     |                                                                |  |
| 1.a. Name of all providers and the base (current) rate and changed rate of each. In the event the utility is billed by the provider on a rate that is not a flat rate schedule, the entire rate schedule must be shown. Attach additional sheets if necessary. |                                       |                     |                                                                |  |
| Provider(s)                                                                                                                                                                                                                                                    |                                       | Base Rate           | Changed Rate                                                   |  |
| City of Williamson, WV                                                                                                                                                                                                                                         |                                       | 2.68 per 1,000 Gal. | <b>\$3.73 per 1,000 Gal.</b>                                   |  |
|                                                                                                                                                                                                                                                                |                                       |                     |                                                                |  |
|                                                                                                                                                                                                                                                                |                                       |                     |                                                                |  |
|                                                                                                                                                                                                                                                                |                                       |                     |                                                                |  |
| 1.b. A copy of the provider's notice of the changed rate showing the effective date of the increase is attached as <b>Exhibit A</b>                                                                                                                            |                                       |                     |                                                                |  |
|                                                                                                                                                                                                                                                                |                                       |                     |                                                                |  |
| 2. Twelve-month period upon which the treated sewage adjustment is based. (This twelve-month period must end within 90 days of this filing).                                                                                                                   |                                       |                     |                                                                |  |
| From                                                                                                                                                                                                                                                           | September 2025                        | through             | August 2026                                                    |  |
|                                                                                                                                                                                                                                                                | (month and year)                      |                     | (month and year)                                               |  |

## Service List for Case 2026-00286

\* Kevin Lowe

Executive Assistant  
Mountain Water District  
P. O. Box 3157  
Pikeville, KY 41502

\* Tina C. Frederick

STOLL KEENON OGDEN PLLC  
300 West Vine Street  
Suite 2100  
Lexington, KY 40507-1801

\* Mountain Water District

6332 Zebulon Highway  
P. O. Box 3157  
Pikeville, KY 41502-3157

\* Tammy Olson

Mountain Water District  
P. O. Box 3157  
Pikeville, KY 41502