

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

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In the Matter of:

THE APPLICATION OF DOVE CREEK)
SANITATION, INC., FOR AN)
ADJUSTMENT OF RATES PURSUANT) CASE NO. 8912
TO THE ALTERNATIVE PROCEDURE)
FOR SMALL UTILITIES)

O R D E R

IT IS ORDERED that Dove Creek Sanitation, Inc., ("Dove Creek") shall file an original and seven copies of the following information with the Commission with a copy to all parties of record by December 5, 1983. If neither the requested information nor a motion for an extension of time is filed by the stated date, the case may be dismissed.

It is the policy of this Commission to allow only known and measurable increases to actual test year expenses which can be substantiated by submitting a copy of invoices and other related material in support of the increase to the actual expense.

1. Provide the following information concerning the pro forma management fee of \$2,000:

a. Name and title of person who will receive this fee.

b. The number of hours devoted weekly and/or monthly to these duties.

c. The hourly rate.

2. Has Dove Creek experienced any sludge hauling during the test period? If so, give the number of loads and the cost per load.

3. Provide a copy of the monthly electric bills from LG&E which set out the usage and the related cost thereof for the period December 1981 through January 1983.

4. Provide copies of the Louisville Water Company remittance advices for the period December 1981 through January 1983.

5. Provide a copy of the negotiated contract with Eubank, Hall and Associates, Inc., for its monthly services rendered to Dove Creek's treatment plant at \$200 per month.

6. Provide the following information concerning pro forma rate case expense totalling \$800:

a. Name and title of person receiving fee related to legal, accounting and administrative labor.

b. Hourly rate in each instance.

c. Provide a detailed analysis of each fee showing the specific hours spent and each duty performed and the charge for each segment of the service related to the rate application.

7. NPDES testing expense indicates an actual test period cost of \$572 to which a pro forma adjustment of \$200 has been added. Please substantiate the additional \$200.

8. In order for the Commission to justify the following test period expenses, provide a copy of all invoices and tax bills:

Chemicals (\$1,358 + pro forma adjustment of \$142).

Maintenance (\$693 + pro forma adjustment of \$4,407).
(limited to invoices of \$15 and above)

Taxes Other Than Income Taxes (\$1,050 + pro forma
adjustment of \$287).

9. what is the basis of the adjustment of \$34 made to
"Other Expenses"?

Done at Frankfort, Kentucky, this 28th day of November, 1983.

PUBLIC SERVICE COMMISSION


For the Commission

ATTEST:

Secretary