

Corrected ARF Application

SUBMIT ORIGINAL AND FIVE ADDITIONAL COPIES, UNLESS FILING ELECTRONICALLY

**APPLICATION FOR RATE ADJUSTMENT
BEFORE THE PUBLIC SERVICE COMMISSION**

For Small Utilities Pursuant to 807 KAR 5:076
(Alternative Rate Filing)

Magoffin County Water District

(Name of Utility)

PO Box 490

(Business Mailing Address - Number and Street, or P.O. Box)

Salyersville, KY 41465

(Business Mailing Address - City, State, and Zip)

606-349-6812

(Telephone Number)

BASIC INFORMATION

NAME, TITLE, ADDRESS, TELEPHONE NUMBER and E-MAIL ADDRESS of the person to whom correspondence or communications concerning this application should be directed:

Allen McCarty

(Name)

PO Box 490

(Address - Number and Street or P.O. Box)

Salyersville, KY 41465

(Address - City, State, Zip)

606-349-6812

(Telephone Number)

mcwd07@yahoo.com

(Email Address)

**(For each statement below, the Applicant should check either "YES", "NO", or
"NOT APPLICABLE" (N/A))**

- | | YES | NO | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. a. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Applicant operates two or more divisions that provide different types of utility service. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue from the division for which a rate adjustment is sought. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. a. Applicant has filed an annual report with the Public Service Commission for the past year. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Applicant has filed an annual report with the Public Service Commission for the two previous years. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Applicant's records are kept separate from other commonly-owned enterprises. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

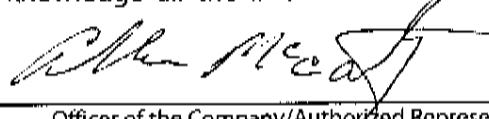
	YES	NO	N/A
4. a. Applicant is a corporation that is organized under the laws of the state of _____, is authorized to operate in, and is in good standing in the state of Kentucky.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Applicant is a limited liability company that is organized under the laws of the state of _____, is authorized to operate in, and is in good standing in the state of Kentucky.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Applicant is a limited partnership that is organized under the laws of the state of _____, is authorized to operate in, and is in good standing in the state of Kentucky.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Applicant is a sole proprietorship or partnership.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Applicant is a water district organized pursuant to KRS Chapter 74.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Applicant is a water association organized pursuant to KRS Chapter 273.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. a. A paper copy of this application has been mailed to Office of Rate Intervention, Office of Attorney General, 1024 Capital Center Drive, Suite 200, Frankfort, Kentucky 40601-8204.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. An electronic copy of this application has been electronically mailed to: Office of Rate Intervention, Office of Attorney General at rateintervention@ag.ky.gov.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. a. Applicant has 20 or fewer customers or is a sewer utility and has mailed written notice of the proposed rate adjustment to each of its customers no later than the date this application was filed with the Public Service Commission. A copy of this notice is attached to this application. (Attach a copy of customer notice.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Applicant has more than 20 customers, is not a sewer utility, and has included written notice of the proposed rate adjustment with customer bills that were mailed by the date on which the application was filed. A copy of this notice is attached to this application. (Attach a copy of customer notice.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Applicant has more than 20 customers, is not a sewer utility, and has made arrangements to publish notice once a week for three (3) consecutive weeks in a prominent manner in a newspaper of general circulation in its service area, the first publication having been made by the date on which this Application was filed. A copy of this notice is attached to this application. (Attach a copy of customer notice.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Applicant requires a rate adjustment for the reasons set forth in the attachment entitled "Reasons for Application." (Attach completed "Reasons for Application" Attachment.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | YES | NO | N/A |
|--------|--|-------------------------------------|--------------------------|--------------------------|
| 8. | Applicant proposes to charge the rates that are set forth in the attachment entitled "Current and Proposed Rates." (Attach completed "Current and Proposed Rates" Attachment.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Applicant proposes to use its annual report for the immediate past year as the test period to determine the reasonableness of its proposed rates. This annual report is for the 12 months ending December 31, <u>2013</u> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Applicant has reason to believe that some of the revenue and expense items set forth in its most recent annual report have or will change and proposes to adjust the test period amount of these items to reflect these changes. A statement of the test period amount, expected changes, and reasons for each expected change is set forth in the attachment "Statement of Adjusted Operations." (Attach a completed copy of appropriate "Statement of Adjusted Operations" Attachment and any invoices, letters, contracts, receipts or other documents that support the expected change in costs.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Based upon test period operations, and considering any known and measurable adjustments, Applicant requires additional revenues of \$ <u>279,392</u> and total revenues from service rates of \$ <u>1,622,857</u> . The manner in which these amounts were calculated is set forth in "Revenue Requirement Calculation" Attachment. (Attach a completed "Revenue Requirement Calculation" Attachment.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | As of the date of the filing of this application , Applicant had <u>3,518</u> customers. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | A billing analysis of Applicant's current and proposed rates is attached to this application. (Attach a completed "Billing Analysis" Attachment.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Applicant's depreciation schedule of utility plant in service is attached. (Attach a schedule that shows per account group: the asset's original cost, accumulated depreciation balance as of the end of the test period, the useful lives assigned to each asset and resulting depreciation expense.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. a. | Applicant has outstanding evidences of indebtedness, such as mortgage agreements, promissory notes, or bonds. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Applicant has attached to this application a copy of each outstanding evidence of indebtedness (e.g., mortgage agreement, promissory note, bond resolution). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Applicant has attached an amortization schedule for each outstanding evidence of indebtedness. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

YES NO N/A

- 16. a. Applicant is not required to file state and federal tax returns. YES NO N/A
- b. Applicant is required to file state and federal tax returns. YES NO N/A
- c. Applicant's most recent state and federal tax returns are attached to this Application. **(Attach a copy of returns.)** YES NO N/A
- 17. Approximately _____ **(Insert dollar amount or percentage of total utility plant)** of Applicant's total utility plant was recovered through the sale of real estate lots or other contributions. YES NO N/A
- 18. Applicant has attached a completed Statement of Disclosure of Related Party Transactions for each person who 807 KAR 5:076, §4(h) requires complete such form. YES NO N/A

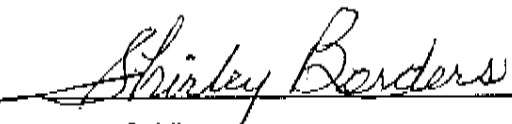
I am authorized by the Applicant to sign and file this application on the Applicant's behalf, have read and completed this application, and to the best of my knowledge all the information contained in this application and its attachments is true and correct.

Signed 
 Officer of the Company/Authorized Representative
 Title Superintendent
 Date 4-3-2015

COMMONWEALTH OF KENTUCKY

COUNTY OF Maggoffin

Before me appeared _____, who after being duly sworn, stated that he/she had read and completed this application, that he/she is authorized to sign and file this application on behalf of the Applicant, and that to the best of his/her knowledge all the information contained in this application and its attachments is true and correct.


 Notary Public
 My commission expires: May 5, 2018
ID 510928

LIST OF ATTACHMENTS
(Indicate all documents submitted by checking box)

- Applicant's Articles of Incorporation, Articles of Organization, or Limited Partnership Agreement.
- All amendments to Applicant's Articles of Incorporation, Articles of Organization, or Limited Partnership Agreement.
- Customer Notice of Proposed Rate Adjustment
- "Reasons for Application" Attachment
- "Current and Proposed Rates" Attachment
- "Statement of Adjusted Operations" Attachment
- "Revenue Requirements Calculation" Attachment
- "Billing Analysis" Attachment
- Depreciation Schedule
- Outstanding Debt Instruments (i.e., Bond Resolutions, Mortgages, Promissory Notes, Amortization Schedules.)
- State Tax Return
- Federal Tax Return
- Statement of Disclosure of Related Party Transactions - ARF Form 3

**Documentation of Indebtedness to
Magoffin County Fiscal Court**

MAGOFFIN COUNTY WATER DISTRICT

P. O. BOX 490

SALYERSVILLE, KY 41465

PHONE 606-349-6812 OR 349-6814

Fax 606-349-6814

James W. Hoskins
Superintendent

August 14, 2008

Magoffin County Fiscal Court

P. O. Box 430

Salyersville, KY 41465

Re: Request for a Loan

We need to borrow \$20,000 from the Magoffin County Fiscal Court until we receive our project funds from KIA. The money is needed to build a water line extension at Blazc Creek Branch off of Guncreek Road.

Randall Hardin, Chairman

002981

Magoffin County Water District

August 28, 2008

\$20,000.00

Loan

PO#	Appropriation	Amount
	01-5081-578	20,000.00

Magoffin County Water District

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER



MAGOFFIN COUNTY FISCAL COURT

GENERAL FUND
BOX 430
SALYERSVILLE, KY 41465

SALYERSVILLE NATIONAL BANK
SALYERSVILLE, KY 41465
73-594/421

CHECK DATE

CHECK NUMBER

002981

August 28, 2008

PAY EXACTLY

AMOUNT

TWENTY THOUSAND AND XX / 100

20,000.00

TO THE ORDER OF:

Magoffin County Water District

BY Kyle Kee MAGOFFIN COUNTY TREASURER
 BY [Signature] MAGOFFIN COUNTY JUDGE-EX/CLERK/DEPUTY JUDGE-EXEC.

Loan



SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈002984⑈ ⑆042105947⑆ 4909966⑈

MAGOFFIN COUNTY FISCAL COURT - GENERAL FUND

00298

Magoffin County Water District

August 28, 2008

\$20,000.00

Loan

PO#	Appropriation	Amount
	01-5081-578	20,000.00

Magoffin County Water District