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

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

Columbia Adair Utilities District aka Adair County Water District  
(Name of Utility)

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

Columiba KY 42728  
(Business Mailing Address - City, State, and Zip)

270-384-2181  
(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:

Lennon Stone  
(Name)

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

Columiba KY 42728  
(Address - City, State, Zip)

270-384-2181  
(Telephone Number)

lenny.stone@caud.net  
(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"/> |                                     |
| 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 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"/> |                                     |
| b. Applicant has filed an annual report with the Public Service Commission for the two previous years.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |
| 3. Applicant's records are kept separate from other commonly-owned enterprises.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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.
- 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.
- 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.
- d. Applicant is a sole proprietorship or partnership.
- e. Applicant is a water district organized pursuant to KRS Chapter 74.
- f. Applicant is a water association organized pursuant to KRS Chapter 273.
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.
- 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.
6. a. Applicant has 20 or fewer customers 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.)**
- b. Applicant has more than 20 customers 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.)**
- c. Applicant has more than 20 customers 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.)**
7. Applicant requires a rate adjustment for the reasons set forth in the attachment entitled "Reasons for Application." **(Attach completed "Reasons for Application" Attachment.)**



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.)**
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, 2020.
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.)**
11. Based upon test period operations, and considering any known and measurable adjustments, Applicant requires additional revenues of \$ 216,705 and total revenues from service rates of \$ 4,271,836. The manner in which these amounts were calculated is set forth in "Revenue Requirement Calculation" Attachment. **(Attach a completed "Revenue Requirement Calculation" Attachment.)**
12. As of the **date of the filing of this application**, Applicant had 8,262 customers.
13. A billing analysis of Applicant's current and proposed rates is attached to this application. **(Attach a completed "Billing Analysis" Attachment.)**
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.)**
15. a. Applicant has outstanding evidences of indebtedness, such as mortgage agreements, promissory notes, or bonds.
- b. Applicant has attached to this application a copy of each outstanding evidence of indebtedness (e.g., mortgage agreement, promissory note, bond resolution).
- c. Applicant has attached an amortization schedule for each outstanding evidence of indebtedness.

- |   | YES                                 | NO                                  | N/A                                 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 16. a. Applicant is not required to file state and federal tax returns.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |
| b. Applicant is required to file state and federal tax returns.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |
| c. Applicant's most recent state and federal tax returns are attached to this Application. (Attach a copy of returns.)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Approximately \$0 (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. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |
| 18. Applicant has attached a completed Statement of Disclosure of Related Party Transactions for each person who 807 KAR 5:076, §4(h) requires to complete such form.                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |

By submitting this application, the Applicant consents to the procedures set forth in 807 KAR 5:076 and waives any right to place its proposed rates into effect earlier than six months from the date on which the application is accepted by the Public Service Commission for filing.

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 William Harris  
Officer of the Company/Authorized Representative  
 Title Chairman  
 Date 8-26-21

COMMONWEALTH OF KENTUCKY  
 COUNTY OF Adair

Before me appeared William Harris, 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.

Ashley Bennett  
 Notary Public  
 My commission expires: February 21, 2024



## EXHIBITS TO APPLICATION

<b>Exhibit</b>	<b>Description</b>
A	Attachment SR – Reasons for Application
B	Attachment CPR – Current and Proposed Rates
C	Attachment SAO-W – Statement of Adjusted Operations
C.1	2020 Salaries and Wage Increases for 2021 (.exl file)
C.2	Overtime 2020 and 2021 (.exl file)
C.3	Retirement 2020 and 2021 (.exl file)
C.4	Health Insurance 2020 and 2021 (.exl file)
C.5	Dental Insurance 2020 and 2021 (.exl file)
D	Attachment RR-DC – Revenue Calculation Form – Debt Coverage
D.1	5 Year Debt Payments (.exl file)
E	Attachment BA-DB – Billing Analysis
E.1	Billing Analysis – January – December 2020 Previous Rates
E.2	Billing Analysis – 2020 at Present Rates
E.3	Billing Analysis – Proposed Rates
E.4	Billing Program Consumption Data - 2020
F	Depreciation Schedule
F.1	Depreciation Adjustments (.exl file)
G	Bond Resolutions/Evidence of Indebtedness
G.1	Bond Resolution – Rural Development 91-22
G.2	Bond Resolution – Rural Development 91.24
G.3	Bond Resolution – Rural Development 91.45
G.4	Bond Resolution – Rural Development Series 2021 Bonds
G.5	Assistance Agreement – Kentucky Infrastructure Authority F06-01
G.6	Assistance Agreement – Kentucky Infrastructure Authority F07-01
G.7	Assistance Agreement – Kentucky Infrastructure Authority F10-01

- G.8 Assistance Agreement – Kentucky Infrastructure Authority F10-02
- G.9 Assistance Agreement – Kentucky Infrastructure Authority F11-10
- G.10 Assistance Agreement – Kentucky Infrastructure Authority F12-04
- G.11 Assistance Agreement – Kentucky Infrastructure Authority F20-009
- G.12 Assistance Agreement – Kentucky Rural Water Finance Corporation – 2013
- G.13 Assistance Agreement – Kentucky Rural Water Finance Corporation – 2020
- H Debt Amortization Schedules
- I ARF Form 3 – Disclosure Forms
- J Resolution of the Board of Commissioners for the Columbia/Adair Utilities District AKA Adair County Water District Authorizing an Application to the Kentucky Public Service Commission for Authority to Adjust Rates for Water Service
- K Compliance with Notice Provisions of 807 KAR 5:076



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

- Customer Notice of Proposed Rate Adjustment
- "Reasons for Application" Attachment"
- Current and Proposed Rates" Attachment
- "Statement of Adjusted Operations" Attachment
- "Revenue Requirements Calculation" Attachment
- Attachment Billing Analysis" Attachment
- Depreciation Schedules
- 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

# EXHIBITS



# EXHIBIT A

**REASONS FOR APPLICATION**

**(In the space below list all reasons why the Applicant requires a rate adjustment. Describe any event or occurrence of significance that may affect the Applicant's present or future financial condition, including but not limited to excessive water line losses, regulatory changes, major repairs, planned construction, and increases in wholesale water costs.)**

Columbia/Adair Utilities District submits this application to comply with the Public Service Commission's Order of September 4, 2020 in Case No. 2020-00148, which directed CAUD to file an application for rate adjustment within one year. This order was reiterated in Case No. 2020-00308, Case No. 2021-00156 and Case No. 2021-00176.



# EXHIBIT B

**CURRENT AND PROPOSED RATES**  
**(List Applicant's Current and Proposed Rates)**

**CURRENT RATES***5/8 x 3/4 meter and 3/4 meter*

First 1,000	\$	19.90 minimum
Next 4,000	\$	7.00 per 1,000 gallons
Next 5,000	\$	6.25 per 1,000 gallons
Next 15,000	\$	5.20 per 1,000 gallons
Over 25,000	\$	4.45 per 1,000 gallons

## 1 inch

First 5,000	\$	47.90 minimum
Next 5,000	\$	6.25 per 1,000 gallons
Next 15,000	\$	5.20 per 1,000 gallons
Over 25,000	\$	4.45 per 1,000 gallons

## 1.5 Inch

First 10,000	\$	79.15 minimum
Next 15,000	\$	5.20 per 1,000 gallons
Over 25,000	\$	4.45 per 1,000 gallons

## 2 Inch

First 16,000	\$	110.35 minimum
Next 9,000	\$	5.20 per 1,000 gallons
Over 25,000	\$	4.45 per 1,000 gallons

City of Edmonton	\$	2.25 per 1,000 gallons
Green Taylor Water District	\$	2.50 per 1,000 gallons
East Casey Water District	\$	2.50 per 1,000 gallons



**CURRENT AND PROPOSED RATES**  
**(List Applicant's Current and Proposed Rates)**

**PROPOSED RATES***5/8 x 3/4 meter and 3/4 Meter*

First 1,000	\$	20.96 minimum
Next 4,000	\$	7.37 per 1,000 gallons
Next 5,000	\$	6.58 per 1,000 gallons
Next 15,000	\$	5.48 per 1,000 gallons
Over 25,000	\$	4.69 per 1,000 gallons

## 1 inch

First 5,000	\$	50.46 minimum
Next 5,000	\$	6.58 per 1,000 gallons
Next 15,000	\$	5.48 per 1,000 gallons
Over 25,000	\$	4.69 per 1,000 gallons

## 1.5 Inch

First 10,000	\$	83.38 minimum
Next 15,000	\$	5.58 per 1,000 gallons
Over 25,000	\$	4.69 per 1,000 gallons

## 2 Inch

First 16,000	\$	116.25 minimum
Next 9,000	\$	5.58 per 1,000 gallons
Over 25,000	\$	4.69 per 1,000 gallons

City of Edmonton	\$2.37 per 1,000 gallons
Green Taylor Water District	\$2.63 per 1,000 gallons
East Casey Water District	\$2.63 per 1,000 gallons

# EXHIBIT C



**SCHEDULE OF ADJUSTED OPERATIONS - WATER UTILITY**

TYE 12/31/20

	Test Year	Adjustment	Ref.	Pro Forma
<b><u>Operating Revenues</u></b>				
<b>Sales of Water</b>				
Unmetered Water Sales				0.00
Metered Water Sales	3,783,548.00	271,583.00	A	4,055,131.00
Bulk Loading Stations				0.00
Fire Protection Revenue				0.00
Sales for Resale				0.00
<b>Total Sales of Water</b>	<b>3,783,548.00</b>	<b>271,583.00</b>		<b>4,055,131.00</b>
<b>Other Water Revenues</b>				
Forfeited Discounts				0.00
Miscellaneous Service Revenues	64,404.00	126,237.00	B	190,641.00
Rents from Water Property				0.00
Other Water Revenues				0.00
<b>Total Other Water Revenues</b>	<b>64,404.00</b>	<b>126,237.00</b>		<b>190,641.00</b>
<b>Total Operating Revenues</b>	<b>3,847,952.00</b>	<b>397,820.00</b>		<b>4,245,772.00</b>
<b><u>Operating Expenses</u></b>				
<b>Operation and Maintenance Expenses</b>				
Salaries and Wages - Employees	624,947.00	-36,238.00	C	588,709.00
Salaries and Wages - Officers	119,495.00			119,495.00
Employee Pensions and Benefits	546,306.00	-18,248.00	D	528,058.00
Purchased Water				0.00
Purchased Power	196,280.00			196,280.00
Fuel for Power Production				0.00
Chemicals	178,360.00			178,360.00
Materials and Supplies	211,829.00			211,829.00
Contractual Services	10,875.00			10,875.00
Water Testing	15,014.00			15,014.00
Rents				0.00
Transportation Expenses	26,766.00			26,766.00
Insurance	71,663.00			71,663.00
Regulatory Commission Expenses				0.00
Bad Debt Expense	23,307.00			23,307.00



Miscellaneous Expenses	399,872.00			399,872.00
Total Operation and Maintenance Expenses	2,424,714.00	-54,486.00		2,370,228.00
Depreciation Expense	1,444,896.00	-1,069,962.00	E	374,934.00
Amortization Expense				0.00
Taxes Other Than Income				0.00
Income Tax Expense				0.00
<b>Total Operating Expenses</b>	<b>3,869,610.00</b>	<b>-1,124,448.00</b>		<b>2,745,162.00</b>
<b>Utility Operating Income</b>	<b>-21,658.00</b>	<b>1,522,268.00</b>		<b>1,500,610.00</b>



### References

A. Adjustment reflects normalization of revenues from retail sales. The PSC approved an increase in CAUD's water retail rates on October 21, 2020, Case No. 2020-00308. The District did not place these rates into effect until 1/1/2021.

B. Test period amount was not representative of a normal year of operations. PSC prohibited collection of late payment fees from March through December 2020 (see PSC Case No. 2020-00085). CAUD has resumed collection of late payment fees. To determine an appropriate and representative level of revenue from such fees, an average of miscellaneous service revenues for 2017, 2018, and 2019; which were \$157,168, \$160,014, and \$254,741 was used. The average is \$190,641.00.

C. Employees were given merit increases - differed per position. Total gross wages actually are less in 2021 than 2020 due to more employees leaving CAUD's employment than CAUD hired for replacement.

Spreadsheet showing all employee positions and 2020 and 2021 salaries and increases is filed with this application.

D. Employer's contribution to employee's retirement plan increased on 7/1/2021. The percentage increased from 24.06% to 26.95%. Additional water salary portion is projected to be \$33,112.96.

The PSC previously limited employer's contribution to employee health insurance expense to the current Bureau of Labor Statistics (BLS) Average Employer Contribution Rate for Health Insurance (78% Single Coverage; 66% Family Coverage). Applying BLS average requires an adjustment of (\$47,575.41) based on projected 2021 year wages.

Adjustment has been made to remove a portion of CAUD's contribution to employee dental insurance. During test period, the total cost of CAUD's employee dental insurance expense was \$7,434.20 to which its employees contributed \$0.00 or 0 percent. The PSC has previously limited employee's contribution to employee dental insurance expense to 40 percent of the total cost. Due to more employees leaving than replaced the total cost for 2021 is projected to be less than the test period. Adjustment was made to the 2021 projected cost to reflect the allowed 40 percent or (\$3,785.40).

Total Adjustments to Employee Benefits:

Retirement Increase: \$33,112.96

Health Insurance Adjustment: -\$47,575.41

Dental Insurance Adjustment: -\$3,785.40

Net Change in Benefits: -\$18,247.85

Spreadsheets showing the calculations for retirement and health/dental insurance is filed with the application.

E. Depreciation for water lines, storage tanks, and meters was adjusted using NARUC guidelines. Facilities being added as a result of a Rural Development funded project that is almost complete were added to the depreciation schedule. Beginning depreciation per 2020 PSC Report was \$1,444,896, less NARUC & RD Project Adjustments of (\$320,094). Resulting amount of depreciation is \$1,124,802.

CAUD desires to phase in coverage of depreciation to help its customers adjust to the rate changes. It proposes a 3 year phase in of depreciation coverage. The median household income in Adair County is only 75% of the state MHI and 21.4% of its population lives in poverty.

Additional revenue requirement of \$1,124,802 over 3 years would be \$374,934 per year or 5.34% annual rate increase in 2021, 2022, and 2023. This gradual increase in rates would give the poorest of our customers time to adjust to the rate change.

Spreadsheet adjusting facilities per NARUC and facilities added with the RD project is filed with the application.



# EXHIBIT C.1





# EXHIBIT C.2

OVERTIME

Overtime

WATER

Position	2020			2021		
	Rate	Hours	Total	Rate	Hours	Total
Field Supervisor	16.99	201.5	\$ 3,423.49	22.59	100	\$ 2,259.00
Office Manager	25.33	1.215	\$ 30.78	25.75	10	\$ 257.50
DW OP Class III	15.7	202	\$ 3,171.40	17.25	100	\$ 1,725.00
DW OP Class III/Collection OP Class II	19.67	146.5	\$ 2,881.66	20		\$ -
WP Oper in Training no longer with us as of April	10.5	36	\$ 378.00	11.25	300	\$ 3,375.00
WP Operator Class IVA	18.54	47	\$ 871.38	20	10	\$ 200.00
WP Operator Class IVA	16	34	\$ 544.00	18	50	\$ 900.00
WP Operator Class IIIA	15.39	85	\$ 1,308.15	17	275	\$ 4,675.00
DW Operator in Training	12	217	\$ 2,604.00	13	350	\$ 4,550.00
DW Operator in Training	10.5	100	\$ 1,050.00	0		\$ -
DW Operator in Training	12.88	132	\$ 1,700.16	0		\$ -
DW Operator in Training	10.5	45	\$ 472.50	12	75	\$ 900.00
DW Operator in Training	10.5	41	\$ 430.50	0		\$ -
DW Operator in Training	10.5	41.5	\$ 435.75	12	150	\$ 1,800.00
Customer Service Rep	15.45	2.2	\$ 33.99	16	8.8	\$ 140.80
Customer Service Rep	15.45	0.5	\$ 7.73	16	10	\$ 160.00
Customer Service Rep	15.25	1	\$ 15.25	16	10	\$ 160.00
Customer Service Rep	13	0.5	\$ 6.50	13.5	10	\$ 135.00
Equipment Operator DW Operator Class III	18.02	11.5	\$ 207.23	0		\$ -
Equipment operator	13	43	\$ 559.00	13		\$ -
Customer Service Rep	14.42	12	\$ 173.04	14.42		\$ -
		1400.415	\$ 20,304.49	277.76	1458.8	\$ 21,237.30
				Increase 2020-2021		\$ 932.81
General Manager Bonus			\$ 1,802.88			\$ 1,802.88

# EXHIBIT C.3



**Retirement**

	2021				
		Salary	Employer Contributions		
District Contribution - 2020	Jan-21	\$ 71,450.29	\$ 17,190.93	\$ 17,190.94	24.06%
24.06% no change in 2020	Feb-21	\$ 72,057.81	\$ 17,337.12	\$ 17,337.11	24.06%
District Contribution - 2021	Mar-21	\$ 71,178.39	\$ 17,125.53	\$ 17,125.52	24.06%
26.95% changed 7/1/2021	Apr-21	\$ 71,466.28	\$ 17,002.29	\$ 17,194.79	23.79%
	May-21	\$ 69,801.00	\$ 16,216.69	\$ 16,794.12	23.23%
	Jun-21	\$ 74,744.40	\$ 17,071.05	\$ 17,983.50	22.84%
	6 mo total	\$ 430,698.17	\$ 101,943.61		23.67%
	6 mo projection	\$ 430,698.17	\$ 116,073.16		26.95%
Total Retirement Contributions			\$ 218,016.77		
	Water Share		\$ 179,712.30		
	Sewer Share		\$ 38,304.46		
	2020				
		Salary	Employer Contributions		
		\$ 984,165.00	\$ 177,846.00		
	Water Share		\$ 146,599.34		
	Sewer Share		\$ 31,246.66		
Increase 2020-2021					
	Water Share		\$ 33,112.96		
	Sewer Share		\$ 7,057.80		

# Monthly Report

Your monthly detail report has been submitted.

## Report Details

Employer: M001 - COLUMBIA/ADAIR UTILITIES DISTRICT  
Report: CERS - 01/2021  
Date Submitted: 2/10/2021 11:11:26 AM

## Report Totals

Salary:	\$71,450.29
Employee Contributions:	\$3,572.51
Health Insurance Contributions:	\$331.65
Employer Contributions:	\$17,190.93
Number of Contributions:	24

[Click here to submit the Jan 2021 monthly summary for COLUMBIA/ADAIR UTILITIES DISTRICT.](#)

[« Return to Enter Report Details](#)

# Monthly Report

Your monthly detail report has been submitted.

## Report Details

Employer: M001 - COLUMBIA/ADAIR UTILITIES DISTRICT  
Report: CERS - 02/2021  
Date Submitted: 3/8/2021 9:07:55 AM

## Report Totals

Salary:	\$72,057.81
Employee Contributions:	\$3,602.90
Health Insurance Contributions:	\$331.62
Employer Contributions:	\$17,337.12
Number of Contributions:	24

[Click here to submit the Feb 2021 monthly summary for COLUMBIA/ADAIR UTILITIES DISTRICT.](#)

[« Return to Enter Report Details](#)



# Monthly Report

Your monthly detail report has been submitted.

## Report Details

Employer: M001 - COLUMBIA/ADAIR UTILITIES DISTRICT  
Report: CERS - 03/2021  
Date Submitted: 4/9/2021 12:27:22 PM

## Report Totals

Salary:	\$71,178.39
Employee Contributions:	\$3,558.92
Health Insurance Contributions:	\$322.88
Employer Contributions:	\$17,125.53
Number of Contributions:	24

[Click here to submit the Mar 2021 monthly summary for COLUMBIA/ADAIR UTILITIES DISTRICT.](#)

[Return to Enter Report Details](#)

# Monthly Report

**Your monthly detail report has been submitted.**

## Report Details

Employer: M001 - COLUMBIA/ADAIR UTILITIES DISTRICT  
Report: CERS - 04/2021  
Date Submitted: 5/10/2021 10:30:05 AM

## Report Totals

Salary:	\$71,466.28
Employee Contributions:	\$3,533.32
Health Insurance Contributions:	\$315.41
Employer Contributions:	\$17,002.29
Number of Contributions:	25

[Click here to submit the Apr 2021 monthly summary for COLUMBIA/ADAIR UTILITIES DISTRICT.](#)

[Return to Enter Report Details](#)

# Monthly Report

**Your monthly detail report has been submitted.**

## Report Details

Employer: M001 - COLUMBIA/ADAIR UTILITIES DISTRICT  
Report: CERS - 05/2021  
Date Submitted: 6/8/2021 11:18:04 AM

## Report Totals

Salary:	\$69,801.00
Employee Contributions:	\$3,370.07
Health Insurance Contributions:	\$286.13
Employer Contributions:	\$16,216.69
Number of Contributions:	24

[Click here to submit the May 2021 monthly summary for COLUMBIA/ADAIR UTILITIES DISTRICT.](#)

[Return to Enter Report Details](#)

# Monthly Report

**Your monthly detail report has been submitted.**

## Report Details

Employer: M001 - COLUMBIA/ADAIR UTILITIES DISTRICT  
Report: CERS - 06/2021  
Date Submitted: 7/8/2021 11:14:12 AM

## Report Totals

Salary:	\$74,744.40
Employee Contributions:	\$3,547.62
Health Insurance Contributions:	\$305.01
Employer Contributions:	\$17,071.05
Number of Contributions:	25

[Click here to submit the Jun 2021 monthly summary for COLUMBIA/ADAIR UTILITIES DISTRICT.](#)

[Return to Enter Report Details](#)



# EXHIBIT C.4

# Columbia Adair Utilities Districts

Rates Effective: 7/1/21 - 6/30/22  
W31177



We're **K**entucky,  
We're **L**ocal,  
We're **C**ities.

Columbia Adair Utilities Districts currently has Calendar Year Benefits for Medical

MEDICAL	Current	Renewal	
	<u>PPO A06E2</u>	<u>PPO A05T1</u>	
	<u>IN-Network</u>	<u>IN-Network</u>	
<b>Deductible</b>			
Single	\$1,000	\$1,000	
Family	\$3,000	\$3,000	
<b>Coinsurance</b>	30%	20%	
<b>Out-of-Pocket Maximum (includes deductible)</b>			
Single	\$3,600	\$5,900	
Family	\$7,200	\$11,800	
<b>Physician Copay</b>			
PCP	\$30	\$20	
SCP	\$50	\$50	
<b>Urgent Care</b>	\$75	\$75	
<b>Emergency Room</b>	\$250 / 30% co-ins	\$250 / 30% co-ins	
<b>Deductible Type</b>	Embedded	Embedded	
<b>Prescription Drug Plan</b>	<b>Level 1 / Preferred In-Network Provider</b>		
<b>Retail - 30 day supply</b> (Tier 1/Tier 2/Tier 3/Tier 4)	\$10/\$35/\$75/25% w/ \$350 Max	\$10/\$35/\$75/25% w/ \$350 Max	
<b>Mail Order - 90 day supply</b> (Tier 1/Tier 2/Tier 3/Tier 4)	\$25/\$105/\$225/25% w/ \$350 Max	\$25/\$105/\$225/25% w/ \$350 Max	
	<b>Level 2 / Non-Preferred In-Network Provider</b>		
<b>Retail - 30 day supply</b> (Tier 1/Tier 2/Tier 3/Tier 4)		\$20/\$45/\$85/25% w/ \$450 Max	
<b>Census as of 4/1/21</b>			
<b>Single</b>	22	\$907.84	\$871.00
<b>EE/Sp</b>	0	\$1,892.03	\$1,814.38
<b>EE/Ch</b>	0	\$1,623.62	\$1,557.09
<b>Family</b>	0	\$2,876.21	\$2,757.76
<b>Total</b>	22	\$19,972.48	\$19,162.00

Percent Change from Current

-4.06%

Please sign below if your group is renewing above plan(s) as is and not making any plan changes

Plan Selected: PPO A05T1

Signature: *Timon Stone*

Date: *4-15-21*

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, please refer to the Summary Benefits of Coverage for your group's chosen plan details.

## Holly Nicholas

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**From:** Mrs. Jennifer Carter <utility@caud.net>  
**Sent:** Wednesday, June 16, 2021 4:27 PM  
**To:** Holly Nicholas  
**Subject:** RE: Emailing: Health Insurance 2020 2021.pdf

That is right

-----Original Message-----

**From:** Holly Nicholas [mailto:hnicholas@kyengr.com]  
**Sent:** June 16, 2021 3:26 PM  
**To:** Mrs. Jennifer Carter  
**Subject:** RE: Emailing: Health Insurance 2020 2021.pdf

Am I reading this right, no employee has more than single coverage?

-----Original Message-----

**From:** Mrs. Jennifer Carter <utility@caud.net>  
**Sent:** Wednesday, June 16, 2021 4:10 PM  
**To:** Holly Nicholas <hnicholas@kyengr.com>  
**Subject:** Emailing: Health Insurance 2020 2021.pdf

Holly

Will this work for our health insurance totals?

The district pays all of the employees plan single total. Last year that total was \$907.84 for each employee and this year it is \$871.00 for each employee.

Thanks Jennifer

Your message is ready to be sent with the following file or link attachments:

Health Insurance 2020 2021.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.



Health Insurance  
 CAUD pays 100% of single policy

**WATER**

<b>Position</b>	PSC		
	2020 Cost	2021 Cost	Allowable - 78%
General Manager	8,170.56	7,839.00	6,114.42
Field Supervisor	10,894.08	10,452.00	8,152.56
Chief WP Operator	10,894.08	10,452.00	8,152.56
Office Manager	8,824.20	8,466.12	6,603.57
DW Op Class III	10,894.08	10,452.00	8,152.56
DW Op Class III/Collection Op Class II	10,894.08	10,452.00	8,152.56
WP Oper in Training no longer with us as of April	10,894.08	2,613.00	2,038.14
WP Operator Class IVA	10,894.08	10,452.00	8,152.56
WP Operator Class IVA	10,894.08	10,452.00	8,152.56
WP Operator Class IIIA	10,894.08	10,452.00	8,152.56
DW Operator in Training	10,894.08	10,452.00	8,152.56
DW Operator in Training	10,894.08	-	-
DW Operator in Training	10,894.08	-	-
DW Operator in Training	10,894.08	10,452.00	8,152.56
DW Operator in Training	10,894.08	-	-
DW Operator in Training	10,894.08	10,452.00	8,152.56
WP Operator Class IVA	-	10,452.00	8,152.56
Customer Service Representative	-	10,452.00	8,152.56
Customer Service Representative	9,586.79	9,197.76	7,174.25
Customer Service Representative	10,894.08	10,452.00	8,152.56
WP Operator Class IVA, DW operator class III, Collection	10,894.08	-	-
DW Operator in Training	-	10,452.00	8,152.56
Customer Service Representative	10,894.08	10,452.00	8,152.56
Customer Service Representative	10,894.08	10,452.00	8,152.56
Equipment Operator DW Operator Class III	10,894.08	-	-
Former Field Supervisor (last day 1/21/2020)	907.84	-	-
Equipment Operator	10,894.08	10,452.00	8,152.56
Customer Service Representative	10,894.08	10,452.00	8,152.56
<b>TOTAL:</b>	<b>256,265.08</b>	<b>216,251.88</b>	<b>168,676.47</b>
Total Health Insurance Cost 2021	216,251.88		
Allowable (recoverable cost)	168,676.47		
Adjustment to make:	(47,575.41)		

# EXHIBIT C.5

**Delta Dental of Kentucky**  
**Renewal Rates for COLUMBIA ADAIR UTILITIES DISTRICT #691610**  
**Effective December 1, 2020**

Rates		
Rates per subscriber per month	Current Rate(s) 12/01/2019 - 11/30/2020	Renewal Rate(s) 12/01/2020 - 11/30/2021
Subscriber only	\$28.13	\$28.13
Subscriber and spouse	\$55.97	\$55.97
Subscriber and child(ren)	\$70.34	\$70.34
Subscriber, spouse and child(ren)	\$110.74	\$110.74

Rating Requirements
Tied to medical: No
Subscribers and eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, they may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Rating Assumptions
Rates do not include any applicable claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a one year contract.
Self-billing is not allowed and you agree to pay as invoiced each month.
Subscriber materials which are produced by Delta Dental will be updated and provided when plan changes apply and are always available to view or print at <a href="https://www.DeltaDentalKY.com">https://www.DeltaDentalKY.com</a> .
Printed dentist directories are not included. You can find participating dentists on our website at <a href="https://www.DeltaDentalKY.com">https://www.DeltaDentalKY.com</a> .

<p>The plan specifications are subject to Delta Dental's standard exclusions and limitations, including:</p> <ul style="list-style-type: none"> <li>➤ Oral exams (including evaluations by a specialist) are payable twice per calendar year. Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year.</li> <li>➤ Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime.</li> <li>➤ People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.</li> <li>➤ Fluoride treatments are payable once per calendar year for people age 18 and under.</li> <li>➤ Space maintainers are payable once per area per lifetime for people age 13 and under.</li> <li>➤ Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.</li> <li>➤ Sealants are payable once per tooth per two-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.</li> <li>➤ Payment for crowns, inlays, and onlays are payable once per tooth in any five-year period. Stainless steel crowns are payable once per tooth in any two-year period on primary teeth only.</li> <li>➤ Composite resin (white) restorations are payable on posterior teeth.</li> <li>➤ Root canal treatment is inclusive of periapical X-rays, cultures, follow-up care, treatments, pulpotomy or pulpectomy, and routine post-operative procedures. Separate charges are not Covered Services for these procedures. Retreatment is payable two years after the initial treatment.</li> <li>➤ Denture and/or bridge replacement is payable five-years post initial place. Replacement is not a Covered Service for lost or stolen dentures and/or bridges. Interim dentures are payable only for people under age 17 to replace extracted anterior permanent teeth.</li> <li>➤ Fixed bridges or removable cast partials are payable only for Eligible Dependents over age 16. Services and appliances that replace missing natural teeth (such as bridges, endosteal implants, implant crowns, partial dentures, and complete dentures) may be subject to an Alternate Benefit.</li> <li>➤ Porcelain and resin facings on bridges are payable on posterior teeth.</li> <li>➤ Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.</li> <li>➤ Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.</li> </ul>
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Dental Insurance  
 CAUD pays 100% of employee only

WATER

<u>Position</u>	2020 Cost	2021 Cost	PSC Allowable - 40%
General Manager	253.17	253.17	101.27
Field Supervisor	337.56	337.56	135.02
Chief WP Operator	337.56	337.56	135.02
Office Manager	273.42	273.42	109.37
DW OpClass III	337.56	337.56	135.02
DW OpClass III/Collection Op Class II	337.56	337.56	135.02
WP Oper in Training no longer with us as of April	337.56	84.39	33.76
WP Operator Class IVA	337.56	337.56	135.02
WP Operator Class IVA	337.56	337.56	135.02
WP Operator Class IIIA	337.56	337.56	135.02
DW Operator in Training	337.56	337.56	135.02
DW Operator in Training	337.56	-	-
DW Operator in Training	337.56	-	-
DW Operator in Training	337.56	337.56	135.02
DW Operator in Training	337.56	-	-
DW Operator in Training	337.56	337.56	135.02
WP Operator Class IVA	-	337.56	135.02
Customer Service Representative	-	337.56	135.02
Customer Service Representative	297.05	297.05	118.82
Customer Service Representative	337.56	337.56	135.02
WP Operator Class IVA, DW operator class III, Collection	337.56	-	-
DW Operator in Training	-	337.56	135.02
Customer Service Representative	337.56	337.56	135.02
Customer Service Representative	337.56	337.56	135.02
Equipment Operator DW Operator Class III	337.56	-	-
Former Field Supervisor (last day 1/21/2020)	28.13	-	-
Equipment Operator (left 4/21)	84.39	-	-
Customer Service Representative (left 4/2021)	84.39	-	-

**TOTAL** 7,434.20 6,309.00 2,523.60

Total Health Insurance Cost 2021 6,309.00  
 Allowable (recoverable cost) 2,523.60  
 Adjustment to make: (3,785.40)

# EXHIBIT D

**REVENUE REQUIREMENT CALCULATION - DEBT COVERAGE METHOD**

(This method is used commonly by non-profits that have long-term debts outstanding.)

Pro forma Operating Expenses	\$2,745,162.00
Plus: Average Annual Debt Principal and Interest Payments*	1,450,304.00
Debt Coverage Requirement**	290,061.00
Total Revenue Requirement	4,485,527.00
Less: Other Operating Revenue	-190,641.00
Non-operating Revenue	0.00
Interest Income	-23,050.00
Revenue Required from Rates	4,271,836.00
Less: Revenue from Sales at Present Rates	-4,055,131.00
Required Revenue Increase	\$216,705.00

Required Revenue Increase stated as a Percentage of Revenue at Present Rates 5.34%

\* This should be a 3 year average calculated using the debt principal and interest payments for the three years following the test year.

\*\* This amount is calculated by multiplying the average annual debt principal and interest payments by the debt service requirement of the utility's lending agency.



# EXHIBIT D.1

**WATER DEBT - 5 YEAR AVERAGE**

			2022			2023			Principal
			Principal	Interest	Service Fee/Reserve	Principal	Interest	Service Fee/Reserve	Principal
Water	KIA	F06-01	234,948.00	15,112.00	3,777.00	237,303.00	12,757.00	3,188.00	239,682.00
Water	RD	91-22	21,400.00	21,866.63	-	22,000.00	21,351.25	-	22,600.00
Water	KIA	F07-01	51,690.00	3,599.00	899.00	52,208.00	3,081.00	769.00	52,732.00
Water	RD	91-45	24,000.00	30,420.00	-	24,500.00	29,692.50	-	25,000.00
Water	RD	91-24	28,500.00	26,865.31	-	29,000.00	26,254.38	-	29,500.00
Water	KIA	F10-01	198,675.00	22,487.00	15,621.00	200,667.00	20,495.00	5,123.00	202,679.00
Water	KIA	F10-02	84,559.00	9,102.00	2,275.00	85,407.00	8,255.00	2,063.00	86,263.00
Water/sewer	KRWFC	2013 D	137,350.00	55,853.72	301.50	140,700.00	49,659.57	301.50	144,050.00
Water	KIA	F11-10	26,843.00	6,837.00	9,009.00	27,113.00	6,568.00	8,941.00	27,385.00
Water	KIA	F12-04	76,050.00	16,860.00	15,619.00	76,622.00	16,289.00	15,429.00	77,197.00
Water/sewer	RD	RD 2021	32,190.00	23,267.06	6,360.00	32,625.00	22,824.45	5,533.20	33,060.00
Water	KIA	F20-009	12,460.00	2,013.00	1,006.00	25,013.00	3,933.00	5,666.00	25,138.00
Water/sewer	KRWFC	2020 G	156,800.00	137,517.52	450.00	156,800.00	133,989.52	450.00	161,700.00
<b>Totals:</b>			<b>1,085,465.00</b>	<b>371,800.24</b>	<b>55,317.50</b>	<b>1,109,958.00</b>	<b>355,149.66</b>	<b>47,463.70</b>	<b>1,126,986.00</b>
<b>Five Year Total:</b>			<b>7,251,519.19</b>						
<b>Five Year Average:</b>			<b>1,450,303.84</b>						

& Interest Payments

2024			2025			2026		
Interest	Service Fee/Reserve	Principal	Interest	Service Fee/Reserve	Principal	Interest	Service Fee/Reserve	
10,378.00	2,594.00	242,085.00	7,975.00	1,993.00	244,512.00	5,548.00	1,386.00	
20,821.63	-	23,200.00	20,277.75	-	23,900.00	19,718.44	-	
2,558.00	639.00	53,260.00	2,029.00	507.00	53,794.00	1,495.00	373.00	
28,950.00	-	25,500.00	28,192.50	-	26,500.00	27,412.50	-	
25,632.81	-	30,500.00	24,995.31	-	31,000.00	24,341.88	-	
18,484.00	4,620.00	204,710.00	16,452.00	4,112.00	206,763.00	14,400.00	3,599.00	
7,398.00	1,848.00	87,128.00	6,533.00	1,632.00	88,001.00	5,660.00	1,415.00	
43,609.47	301.50	150,750.00	37,415.32	301.50	100,500.00	30,933.07	301.50	
6,296.00	8,873.00	27,659.00	6,023.00	1,505.00	27,936.00	5,745.00	1,435.00	
15,713.00	15,237.00	77,778.00	15,133.00	15,044.00	78,362.00	14,548.00	14,849.00	
22,375.53	5,533.20	33,495.00	21,920.52	5,533.20	33,930.00	21,460.29	5,533.20	
3,808.00	5,604.00	25,264.00	3,682.00	5,540.00	25,391.00	3,556.00	5,478.00	
130,461.52	450.00	161,700.00	126,823.76	450.00	166,600.00	123,186.00	450.00	
336,485.96	45,699.70	1,143,029.00	317,452.16	36,617.70	1,107,189.00	298,004.17	34,819.70	