COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

ELECTRONIC APPLICATION OF)
MOUNTAIN WATER DISTRICT FOR A) CASE NO. 2022-00366
GENERAL ADJUSTMENT OF WATER)
RATES)

MOUNTAIN WATER DISTRICT'S RESPONSE TO COMMISSION STAFF'S POST-HEARING REQUEST FOR INFORMATION

Mountain Water District submits its Response to Commission Staff's Post-Hearing Request for Information.

Dated: August 25, 2023 Respectfully submitted,

Gerald E. Wuetcher

Stoll Keenon Ogden PLLC

300 West Vine Street, Suite 2100 Lexington, Kentucky 40507-1801

Telephone: (859) 231-3017

Fax: (859) 259-3517

gerald.wuetcher@skofirm.com

Counsel for Mountain Water District

CERTIFICATE OF SERVICE

In accordance with 807 KAR 5:001, Section 8, and the Public Service Commission's Order of July 22, 2021 in Case No. 2020-00085, I certify that this document was transmitted to the Public Service Commission on August 25, 2023 and that there is currently no party that the Public Service Commission has excused from participation by electronic means in this proceeding.

Counsel for Mountain Water District

VERIFICATION

COMMONWEALTH OF KENTUCKY)) SS:	
COUNTY OF PIKE)	
The undersigned, Carrie Hatfield,	being	Ċ

The undersigned, Carrie Hatfield, being duly sworn, deposes and states has personal knowledge of the matters set forth in the responses for which she is identified as the witness, and that the answers contained therein are true and correct to the best of her information, knowledge and belief.

Subscribed and sworn to before me, a Notary Public in and before said County and State, this 24 day of August 2023.

MELISSA WRIGHT Notary Public-State at Large KENTUCKY - Notary ID # KYNP74443 My Commission Expires 06-23-2027

My Commission Expires: 06/23/2027

VERIFICATION

COMMONWEALTH OF KENTUCKY)
) SS:
COUNTY OF PIKE)
knowledge of the matters set forth in the res	being duly sworn, deposes and states has personal sponses for which he is identified as the witness, and and correct to the best of his information, knowledge
	Mulal Seam Michael Spears
Subscribed and sworn to before me, this 25th day of August 2023.	a Notary Public in and before said County and State,
	Notary Public SEAL)
	My Commission Expires: 11-4-23
	Notary ID: 634819

VERIFICATION

COMMONWEALTH OF KENTUCKY COUNTY OF MERCER))	SS:								
-	the fo	regoing	rn, deposes and says she has personal stestimony, and the answers contained mation, knowledge, and belief.								
		CONNI	E LEA ALLEN, P.E.								
Subscribed and sworn to before State, this 23 day of August 2	Subscribed and sworn to before me, a Notary Public in and before said County and										
(SEAL)		Notary Notary	Public Commission Number: 22032								

My Commission Expires:

1/21/25

Response to Commission Staff's Post-Hearing Request for Information Case No. 2022-00366

Question No. 1

Responding Witness: Carrie Hatfield/Legal Counsel

- Q-1. Refer to the response to Commission Staff's Second Request for Information, Item 2. Provide an unredacted version of the invoices for dental insurance that shows the allocation of employee's premiums between the water and sewer division.
- A-1. See Attachment PH-1. Attachment PH-1 contains an unredacted version of the invoice without any markings and a redacted version of the invoice showing the allocation of the premiums. The unredacted version has been filed under seal. Mountain Water District has simultaneously with the filing of its response moved for confidential treatment of the unredacted invoice.

Invoice # 001591933H Breakdown Between Dental and Health

Premium	100% Allocated for Water	100% Allocated for Sewer	80% Allocated for Water	20% Allocated for Sewer
Dental	\$998.14	\$270.41	\$532.32	\$133.09
Health	\$22,376.50	\$5,531.86	\$11,738.24	\$2,934.56
Total	\$23,374.64	\$5,802.27	\$12,270.56	\$3,067.65

Division	Dental	Health
Water	\$1,530.46	\$34,114.74
Sewer	\$403.50	\$8,466.42
		•
Totals	\$1,933.96	\$42,581.16

^{*} W-Water

^{*} WW- Waste Water

^{*} W/WW - Both (80/20) Admin, Customer Service, Maintenance and Mechanic.





Billing Entity Name: MOUNTAIN WATER DISTRICT

Premium Specialist : CENTRAL RGN CC

Invoice No.:

001591933H

Billing Entity No.

: W26979V002

Page No.:

Group Contact

: CARRIE HATFIELD

Desk No.: 3109

Telephone: (888) 290-9159

Billing Period:

FROM 06-01-23 TO 07-01-23

Date Billed:

05-17-23

Payment Due Date:

MEMBER	RSHIP DETA	IL :		INS7	YPl						
ID No.	Dept. No.	Emp. No.	Subscriber Name		Group No./ Suffix	Grp. Type	Prod. Type	Cont. Type	No. Cvd	Prem. Amt.	
199M54385	WW			Dental	W26979D001	Α	X001	2P	2	38.90	· ·
	WW			Fleaith	W26979M004	Α	HXUH	\$	1	643.40	
	M/W			Vision	W26979V002	Α	VVIS	2P	2	11.18	E
453W12096	IN			Denta	W26979D002	Α	X001	S	1	22.12	10517F
	14/			Health	VV26979M004	Α.	HXUH	8	1	643.40	202
	W			VISION	W26979V002	A	VVIS	\$	1	6.39	
044W13256	W			Donta	W26979D001	Α	X001	8	1	19.30	COM
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	W			VISION		A	VVIS	S	1	6.39	
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		JW.	80/20	HIAITH	W26979M003	Α	HXUH	2P	2	1308.56	
		vW	80/20	Vision	W26979V002	Α	VVIS	2P	2	11.18	
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MEMBER	RSHIP DET	'AIL		Type	•		٠		•	
ID No.	Dept. No.	Emp. No.	Subscriber Name		Group No./ Suffix	Grp. Турө	Prod. Type	Cont. Type	No. C∨d	Prem. Amt.
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	W.			Health	W26979M004	A	HXUH	. 8	†	643.40
	W			Vision	W26979V002	Α	VVIS	S	1 .	6.39
15M99664	W		11. 27. 24.3	Denta	/W26979D001	Α	X0 01	S	1	19.30
	<u>W</u>			HEALH	W26979M004	A	HXUH	S	1	643.40
	_W	·		Vision	W26979V002	Α	VVIS	S	1	6.39
73W13725	WH	NW		Denta	W26979D001	A	X001	FAM	3	68.66
/3W1\$726	M4	MM			W26979M004	Α	HXVH	'S	1	643.40
·	-M4	WW.		Vision	JW26979V002	Α	VVIS	FAM	3	18.53
15W10232	M4	<u>·WW</u>		HeAlth	W26979M003	Α	HXUH	ş	1	594.80
240008941	-W	\mathcal{W}		Denta	/W26979D001	Α	X001	S	-1	19.30
	W	W		Health	W26979M003	Α	HXVH	S	. 1	594.80
	W	W		Vision	W26979V002	À	VVIS	s ·	1	6.39
2W09892	W			Donto	/W26979D001	Α.	X001	S	1	19.30
	W			Health	W26979M003	Α	HXUH	S	1	594.80
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,	- N	4 WW		Health	W26979M003	Α	HXUH	\$	1	594.80
	-W	+ MM			W26979V002	Α	VVIS	s	- 1	6.39
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	W			Health	W26979M003	Α	HXUH	S	1	594.80
	N	<u> </u>		VISION	W26979V002	Α	VVIS	S	1	6.39
9W02709	W	W	SERVICE D	Dental	W26979D001	- A	X001	s	1	19.30

Group Number Identifies the Product and Carrier



Billing Entity Name: MOUNTAIN WATER DISTRICT

Invoice No.:

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Page No. :

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Group Contact

MEMBERSHIP DETAIL

: CARRIE HATFIELD

Premium Specialist : CENTRAL RGN CC

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MEMBEROUP	JETAIL									
ID No. Dept.	No. Emp. No.	Subscriber Name	*	Group No./ Suffix	Grp. Type	Prod. Type	Cont. Type	No. Cvd	Prem. Amt.	
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687VV09984	NW		Dental	W26979D001	Α	X001	S	1	19.30	7801
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Group Contact

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ID No.	Dept. No.	Emp. No.	Subscriber Name		Type	Group No./ Suffix	Grp. Type	Prod. Type	Cont. Type	No. Cvd	Prem. Amt.	_
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270M61928	0001	a. J			/ISI DA	W26979V002	Α	VVIS	2P	2	11.18	A 614-627
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		ule)			1-100-0	V26979M004	Α	HXUH	8	1	643.40	

Group Number Identifies the Product and Carrier

Billing Entity Name: MOUNTAIN WATER DISTRICT

Invoice No.:

001591933H

Billing Entity No.

: W26979V002

Page No.:

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*004343080790×

Group Contact

: CARRIE HATFIELD

Premium Specialist : CENTRAL RGN CC

Desk No.: 3109

Telephone: (888) 290-9159

Billing Period:

FROM 06-01-23 TO 07-01-23

Date Billed:

05-17-23

Payment Due Date:

MEMB	ERSHIP DETA	AIL				•						
ID No.	. Dept. No.	Emp. No.	Subscriber Name		1	Group No./ Suffix		Prod. Type	Cont.	No. Cvd	Prem. Amt.	
141M5819	4 - 0001	NW		NW.	The water	W26979V002	A	VVIS	S	1	6.39	u e
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Billing Entity Name: MOUNTAIN WATER DISTRICT

Premium Specialist : CENTRAL RGN CC

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Group Contact

: CARRIE HATFIELD

Desk No.: 3109

Telephone: (888) 290-9159

Billing Period:

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MEMBE	RSHIP DET	ALL							. • '	
ID No.	Dept. No.	Emp. No.	Subscriber Name	Type	Group No./ Suffix	Grp. Type	Prod. Type	Cont. Type	No. Cvd	Prem. Amt.
Fire 95 cm.	Company of the North North Control of the North	HAIM			W26979M004	A	HXUH	2P	2	1415.49
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Billing Entity Name: MOUNTAIN WATER DISTRICT

Premium Specialist : CENTRAL RGN CC

Invoice No.:

001591933H

Billing Entity No.

: W26979V002

Page No.:

13

Group Contact

: CARRIE HATFIELD

Desk No.: 3109 T

Telephone: (888) 290-9159

Group Number Identifies the Product and Carrier

Billing Period:

FROM 06-01-23 TO 07-01-23

Date Billed:

05-17-23

Payment Due Date:

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Billing Entity Name: MOUNTAIN WATER DISTRICT

invoice No.:

001591933H

Billing Entity No.

: W26979V002

Page No.:

14

Group Contact

: CARRIE HATFIELD

Premium Specialist: CENTRAL RGN CC

Desk No.: 3109 Telephone: (888) 290-9159

Billing Period:

FROM 06-01-23 TO 07-01-23

Date Billed:

05-17-23

Payment Due Date:

06-01-23

MEMBERSHIP DETAIL

ID No. Do	ept. No. Em	n No	Subscriber Na	me	COBRA End Date	Group No./ Suffix	Ģrp. Туре	Prod. Type	Cont. Type	No. Cvd	Prem. Amt
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Response to Commission Staff's Post-Hearing Request for Information Case No. 2022-00366

Question No. 2

Responding Witness: Michael Spears

- Q-2. Refer to the table introduced by Mountain District at the hearing as Exhibit No. 2. Provide a description for Asset No. 330-4110.
- A-2. Asset No. 330-4110 refers to a water tank rehabilitation.

Response to Commission Staff's Post-Hearing Request for Information Case No. 2022-00366

Question No. 3

Responding Witness: Connie Allen

- Q-3. Refer to the Application, Exhibit 17, Cost of Service Study, Average Unit Costs, page 28 of 30. Provide an updated Average Unit Costs page, per Connie Allen's testimony at the hearing that the calculation(s) was performed incorrectly.
- A-3. During cross-examination by Commission Staff, Ms. Allen stated that she had made an error on the "Average Unit Costs" worksheet of the workbook titled "MWD Main File.xls". After further review of the worksheet, she has determined there was no error. The volumetric rate for the industrial class is, in fact, a unit cost.

Response to Commission Staff's Post-Hearing Request for Information Case No. 2022-00366

Question No. 4

Responding Witness: Legal Counsel

- Q-4. Explain where the water division's 81 percent portion of the rate study performed by Connie Allen, P.E., was accounted for and recorded in the Statement of Adjusted Operating Expenses for the water division.
- A-4. See Exhibit 6, page 2, line labeled "Rate Case Expense", and page 3, Reference K. See also Application, Exhibit 8, Testimony of Connie L. Allen, P.E., Exhibit CLA-19.4; Application, Exhibit 17, page 12 of 30. See also Excel Workbook latest MWD main file.xlsx, Worksheet PF expenses, Cell 54 and comment (in File Exhibit17_Cost-ofService_Study_Files.zip filed with Application). According to the comment attached to Cell 54, \$30,000 for legal expenses and 81 percent of the cost of the rate study (\$42,930) were allocated to rate case expense for the water division for a total rate case expense of \$72,930. This expense was then amortized over a three-year period to produce an adjustment of \$24,310 to test year expenses.

Response to Commission Staff's Post-Hearing Request for Information Case No. 2022-00366

Question No. 5

Responding Witness: Carrie Hatfield/Legal Counsel

- Q-5. Refer to the Application, Exhibit 6, Statement of Adjusted Operations. Confirm if the \$110,120 Insurance- General Liability contains property insurance. If so, provide a copy of the separate test year invoices for General Liability Insurance, and Property Insurance. If Mountain District is unable to provide separate invoices, explain the amount that Mountain District water division paid for both General Liability Insurance and Property Insurance separately.
- A-5. See Attachment PH-5. These invoices do not identify the amounts attributable to each division. Mountain Water District requested a breakdown of cost based upon division, but the insurers were unable to provide such a breakdown. The premiums are based upon total operations.

The Statement of Adjusted Operations reported insurance expense as \$110,120. This amount was based upon applying the allocation factor Ms. Allen developed to the total amount of insurance expense reported in Account 6048.08 – Insurance Expense in the District's general ledger (\$157,687.58 x 0.7). Ms. Allen's allocation factor was based upon ratio of the water division's pro forma depreciation expense to total utility pro forma depreciation expense.

A review of the entries contained in Account 6048.08 – Insurance Expense indicates that, in addition to the amounts reflected on Attachment PH-5, payments for or refunds related to insurance coverage outside the test period, workers compensation insurance, employment insurance, and directors' liability insurance were included in the \$157,687.58.

¹ See Excel File MWD Ledger summary.xlsx, Row 70 (in File Exhibit17_Cost-ofService_Study_Files.zip filed with Application).

U.S. SPECIALTY INSURANCE COMPANY **PUBLIC RISK** 13403 Northwest Freeway

Houston, Texas 77040

RENEWAL CERTIFICATE

Policy No.

PKG80610770

Replacement Number

PKG80510770

NAMED INSURED AND ADDRESS:

MOUNTAIN WATER DISTRICT 6332 ZEBULON HIGHWAY

P.O. BOX 3157

PIKEVILLE, KY 41502

AGENT NAME AND ADDRESS:

PEOPLES INSURANCE AGENCY, LLC

PO Box 991

1999 Winchester Avenue Ashland, KY 41105

AGENT NO:

00716

POLICY PERIOD:

From: 08/31/2021 To: 08/31/2022

at 12:01 a.m. Standard Time at your mailing address shown above.

PAYMENT PLAN:

QUARTERLY

BUSINESS DESCRIPTION: GOVERNMENTAL SUBDIVISION

In return for payment of the renewal premium, the above numbered policy is renewed for the Policy Period specified above, subject to all the terms, conditions, exclusions and limits of this Policy, except as other specified herein.

THIS POLICY CONSISTS OF THE F FOR WHICH A PREN		5	
			PREMIUM
Commercial General Liability Coverage Part		\$_	INCLUDE
Commercial Employee Benefits Coverage Part		\$_	INCLUD
Commercial Liquor Liability Coverage Part		\$_	EXCLUD
Public Officials Liability Coverage Part		\$_	INCLUD
Employment Practices Liability Coverage Part		\$_	INCLUD
Law Enforcement Liability Coverage Part		\$_	EXCLUD
Commercial Property Coverage Part		\$	INCLUD
Equipment Breakdown Coverage Part		\$	INCLUD
Commercial Inland Marine Coverage Part		\$	INCLUD
EDP Coverage Part		\$	INCLUD
Commercial Crime Coverage Part		\$_	INCLUD
Commercial Auto Coverage Part		\$_	INCLUD
Commercial Excess Coverage Part	9	\$_	INCLUD
TRIA Coverage		\$_	EXCLUD
	SUBTOTAL:	\$	98,999.
	KENTUCKY SURCHARGE FEE:	\$	1,781.
	TOTAL:	\$	100,780.

FORMS AND ENDORSEMENTS ATTACHED AT POLICY ISSUANCE

Forms and endorsements applying to this Coverage Part and made a part of this policy at time of issue: Refer to AL000103

The Company has caused this policy to be signed by its President and Secretary:

President

Secretary



Peoples Premium Finance PREMIUM FINANCE AGREEMENT

600 SW Jefferson Suite 204 Lee's Summit, MO 64063(844) 292-9090 Fax (816) 246-2659

Type of Loan
rype or Loan
Personal
✓ Commercial
✓ Additional Premium

www.peoplespf.com View your client's account status online

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(1)) The Borrower has receiv	ed a copy of this A	greement, and t	he Required Fe	deral Truth-In-Lending	disclosures for Personal	Lines Insu	ırance, if applicable,		

(2) The policies listed herein are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) The Borrower has authorized this transaction and recognizes the security interest assigned herein, (4) To hold in trust for LENDER any payments made or credited to the Borrower through or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and to pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of the Borrower and that any lien the undersigned now has or hereafter may acquire on any returned premium arising out of the above listed insurance policies is subordinated to LENDER's lien or security interest therein, (5) There are no exceptions to the policies other than those indicated and the policies included on this finance agreement are in full force and effect and comply with LENDER's eligibility requirements, (6) No direct company bill, audit or reporting form policies, policies subject to retrospective rating, or policies subject to minimum earned premiums are included except as indicated, and that the deposit or provisional premiums are not less than the anticipated premiums to be earned for the full term of the policies if policy is subject to a minimum earned premium, it is_ _ (7) The policies can be cancelled by the Borrower or the Insurance Company on 10 days' notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (8) A proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Borrower or if the named Borrower is the subject of such a proceeding, it is noted on this Agreement in the space in which the Borrower's name and address is placed, (9) To hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representation or from errors, omissions or inaccuracies of the agent/broker in preparing this agreement, (10) To pay the down payment and any funding amounts received from the Lender under this Agreement to the insurance company or general agent (less commissions), (11) No term or provision of any financed policy requires the lender to notify or get the consent of any third party to effect cancellation of such policy. (12) To promptly notify Lender in writing of any information on the Agreement becomes inaccurate,