

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/15/2023

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PRO	DUCE	R				CONTACT Hershel Blanton						
Pat	Patton Chesnut Binder					PHONE (A/C, No, Ext): (606) 864-5171 FAX (A/C, No): (606)					(606)	878-1850
625	SN	lain Street				E-MAIL ADDRESS: hblanton@pcbins.com					<del></del>	
						INSURER(S) AFFORDING COVERAGE					NAIC#	
Lor	ndon				KY 40741	7						IVAIC #
	RED				1(1 +0/+1	INSURE	KA.	10				
INGL	IKLU	Footland Water Bistist				INSURE	RB:				-	
		East Laurel Water District				INSURE	RC:					
	PO Box 726						RD:					
						INSURE	RE:					
		London			KY 40743	INSURE	RF:	Acceptance of the contract of				
CO	VER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
		S TO CERTIFY THAT THE POLICIES										
С	ERTII	NTED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SU			
				SUBR		DEEN F	POLICY EFF	POLICY EXP			· · · · · · · · · · · · · · · · · · ·	
INSR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	***************************************	
	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT DAMAGE TO RENT		T	00,000
		CLAIMS-MADE X OCCUR							PREMISES (Ea occi		\$ 100	,000
									MED EXP (Any one	person)	\$ 10,0	000
Α					ZLP-41N40155-22-PB		07/01/2022	07/01/2023	PERSONAL & ADV	INJURY	\$ 1,0	00,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$ 3,00	00,000
		POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$ 3,00	00,000
		OTHER:									\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$	
		ANY AUTO							BODILY INJURY (P	er person)	\$	
		OWNED SCHEDULED							BODILY INJURY (P	er accident)	\$	
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	,	\$	
		AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	V	UMBRELLA LIAB X OCCUP			Annual Annual Company of the Company							30,000
	^	TVOTOS LIAD			7115 741140404 00 55		07/04/0000	07/04/0000	EACH OCCURREN	CE		00,000
Α		EXCESS LIAB CLAIMS-MADE			ZUP-71N40401-22-PB		07/01/2022	07/01/2023	AGGREGATE		\$ 2,0	00,000
	14/05	DED RETENTION \$ 10,000							> ZI DED	OTH-	\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY Y / N							X PER STATUTE	ER ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Man	datory in NH) describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POI	JCY LIMIT	\$	
	Pro	operty							Amount		3,6	02,580
Α					H630-2S961425-TIL-22		07/01/2022	07/01/2023				
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)			
CF	RTIF	ICATE HOLDER	-			CANC	ELLATION	***************************************				
<u> </u>		10/11 a 110 a D la N						THE ADOVE D				
			-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
						AUTHORIZED REPRESENTATIVE						
						11		2	0			
						X	Made	X- )	1			1

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East Laurel Water District PO Box 726 London, KY 40743

# INVOICE

Invoice No: 02090

Invoice Date: 06/20/2022									
Description	Policy Number	Eff Date	Line of Business	Due					
Policy Premium	630-2\$961425	07/01/2022	Commercial Package	\$2,469.00					

Total: \$2,469.00

Notes

Installment 1 of 4



Detach and return this portion with your payment

Customer: East Laurel Water District

Invoice No: 02090

MAIL TO:

Due Date: 07/20/2022  Amount Due Enclosed \$2,469,00		
Amount Due	Enclosed	
\$2,469.00		

East Laurel Water District PO Box 726 London, KY 40743

# **INVOICE**

Invoice No: 02175

Invoice Date: 08/23/2022								
Description	Policy Number	Eff Date	Line of Business	Due				
Policy Premium	630-2S961425	07/01/2022	Commercial Package	\$2,303.00				

Total: \$2,303.00

#### Notes

Installment 2 of 4

Detach and return this portion with your payment

Customer: East Laurel Water District

Invoice No: 02175

MAIL TO:

Due Date: 09/26/2022							
Amount Due	Enclosed						
\$2,303.00							



Phone: (606) 864-5171 INSURANCE Fax:

**Commercial Package** 

(606) 878-1850

**East Laurel Water District** PO Box 726 London, KY 40743

Invoice # 584260	Page 1 of 1
Account Number	Date
WOODCRE-05	11/18/2022
Balance Due On	Transacted By
1/1/2023	PSETTLES
Amount Paid	Amount Due
	\$2,303.00

Effective: 7/1/2022 to 7/1/2023

## **Remit Payment To:**

**Patton Chesnut Binder Insurance** 625 S Main St London, KY 40741

				·	
Item #	Trans Eff Date	<b>Due Date</b>	Trans	Description	Amount
11036974	7/1/2022	1/1/2023	RENB	3 of 4 Quarterly Installments	\$2,303.00

Policy Number: H-630-2S961425-TIL-21

**Total Invoice Balance:** 

\$2,303.00

#### 625 S Main St London, KY 40741

Phone: (606) 864-5171
INSURANCE Fax: (606) 878-1850

East Laurel Water District PO Box 726 London, KY 40743

Invoice # 652592	Page 1 of 1	
Account Number	Date	
WOODCRE-05	2/17/2023	
Balance Due On	Transacted By	
3/20/2023	PSETTLES	
Amount Paid	Amount Due	
	\$2,303.00	

### **Remit Payment To:**

Patton Chesnut Binder Insurance 625 S Main St London, KY 40741

Commercial Package	Policy Number: H-630-2S961425-TIL-21	Effective: 7/1/2022	to 7/1/2023

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
12781688	7/1/2022	3/20/2023	RENB	Installment 4 of 4	\$2,303.00

**Total Invoice Balance:** 

\$2,303.00

EL1	Tank	N.L. High School	835459.00	
	Pumping Station	Bush	36000.00	
EL4	Tank	Hwy 830	712925.00	
	Pumping Station	Hwy 229 Oak Creek Springs	25000.00	
	Pumping Station	Subdivision	11139.00	22279.00
EL5	Tank	Layton Harris Road	946853.00	
EL6	Tank	New Bush	712925.00	
	Pump Station	501 Lick Fork Rd	150000.00	
	Pump Station	8600 East Laurel Rd	150000.00	



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-	nis certificate does not comer rights	to the		modite fiolider in field of 3e	CONTA	CT				
	DUCER	NAME: Hershel Blanton								
	tton Chesnut Binder				PHONE (A/C, No, Ext): (606) 864-5171 FAX (A/C, No): (606) 878-1					878-1850
625	5 S Main Street				ADDRESS: hblanton@pcbins.com					
					INSURER(S) AFFORDING COVERAGE					NAIC#
Lor	ndon			KY 40741	INSURE	ERA: Travele	ers			
INSU	JRED				INSURE					
	East Laurel Water District									
	PO Box 726				INSURE					
	FO BOX 720				INSURER D:					-
					INSURE	ER E :				
	London			KY 40743	INSURE	ERF:				<u> </u>
-		-	-	NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIE									
	IDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY									
	XCLUSIONS AND CONDITIONS OF SUC								O ALL	THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'e	
LIR	\/	INSE	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			000,000
								EACH OCCURRENCE DAMAGE TO RENTED		
	CLAIMS-MADE X OCCUR			*				PREMISES (Ea occurrence)		0,000
		-						MED EXP (Any one person)	\$ 10,	,000
Α		_		ZLP-41N40155-21-PB		07/01/2021	07/01/2022	PERSONAL & ADV INJURY	\$ 1,0	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,0	00,000
	OTHER:								\$	***************************************
	AUTOMOBILE LIABILITY		+					COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
			ļ						\$	
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 2,0	00,000
Α	EXCESS LIAB CLAIMS-MAD	E		ZUP-71N40401-21-PB		07/01/2021	07/01/2022	AGGREGATE	\$ 2,0	00,000
	DED RETENTION \$ 10,000								\$	
	WORKERS COMPENSATION				,			X PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	7 1						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1					E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below									
-	DESCRIPTION OF OPERATIONS below	+	+					E.L. DISEASE - POLICY LIMIT		00.500
١.	Property							Amount	3,6	602,580
Α				H630-2S961425-TIL-21		07/01/2021	07/01/2022		ĺ	
_							<u> </u>			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (	ACORE	0 101, Additional Remarks Schedu	ile, may l	be attached if mo	re space is requi	red)		
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CEI	RTIFICATE HOLDER				CAN	CELLATION				
					euc	7111 D ANV OF	THE ADOME :	NECODIDED BOLIQUES == :		
								DESCRIBED POLICIES BE ( EREOF, NOTICE WILL		
								CY PROVISIONS.		
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**AUTHORIZED REPRESENTATIVE** 

East Laurel Water District PO Box 726 London, KY 40743

## INVOICE

Invoice No: 01571

Invoice Date: 06/02/2021				
Description	Policy Number	Eff Date	Line of Business	Due
Policy Premium	pending	07/01/2021	Commercial Package	\$2,680.00

Total: \$2,680.00

Notes

Installment 1 of 4



Detach and return this portion with your payment

Customer: East Laurel Water District

Invoice No: 01571

MAIL TO:

Due Date: 06/30/2021				
Amount Due	Enclosed			
\$2,680.00				

East Laurel Water District PO Box 726 London, KY 40743

## **INVOICE**

Invoice No: 01690

Invoice Date: 08/30/2021					
Description	Policy Number	Eff Date	Line of Business	Due	
Policy Premium	630-2S961425	07/01/2021	Commercial Package	\$2,217.00	

Total: \$2,217.00

Notes

Installment 2 of 4



Detach and return this portion with your payment

Customer: East Laurel Water District

Invoice No: 01690

MAIL TO:

Due Date: (	09/24/2021	
Amount Due	Enclosed	
\$2,217.00		

East Laurel Water District PO Box 726 London, KY 40743 INVOICE

Invoice No: 01828

Invoice Date: 11/29/2021					
Description	Policy Number	Eff Date	Line of Business	Due	
Policy Premium	630-2\$961425	07/01/2021	Commercial Package	\$2,217.00	

Total: \$2,217.00

#### Notes

Installment 3 of 4

Detach and return this portion with your payment

Customer: East Laurel Water District

Invoice No: 01828

MAIL TO:

Due Date: 12/27/2021				
Amount Due	Enclosed			
\$2,217.00				

East Laurel Water District PO Box 726 London, KY 40743

# INVOICE

Invoice No: 01950

Invoice Date: 02/21/2022					
Description	Policy Number	Eff Date	Line of Business	Due	
Policy Premium	630-2S961425	07/01/2021	Commercial Package	\$2,217.00	

Total: \$2,217.00

#### Notes

Installment 4 of 4



Detach and return this portion with your payment

Customer: East Laurel Water District

Invoice No: 01950

MAIL TO:

Due Date: 03/25/2022				
Amount Due	Enclosed			
\$2,217.00				

EL1	Tank	N.L. High School	835459.00	
	Pumping Station	Bush	36000.00	
EL4	Tank	Hwy 830	712925.00	
	Pumping Station	Hwy 229 Oak Creek Springs	25000.00	
	Pumping Station	Subdivision	11139.00	22279.00
EL5	Tank	Layton Harris Road	946853.00	
EL6	Tank	New Bush	712925.00	
	Pump Station	501 Lick Fork Rd	150000.00	
	Pump Station	8600 East Laurel Rd	150000.00	



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LI	is certificate does not comer rights t	O tile	CCITI	ilcate floider in fled of 30						
PRO	DUCER				CONTA NAME:	riersher	Blanton			
Pat	ton Chesnut Binder			-	PHONE (A/C, No, Ext): (606) 864-5171 FAX (A/C, No): (606) 878-1850					
625	S Main Street				E-MAIL ADDRESS: hblanton@pcbins.com					
	o Main Subst				ADDRE					
1.00	dan			107 40744			and the second s	DING COVERAGE		NAIC #
INSU	don			KY 40741	INSURE	RA: America	an Zunch inst	rance Company		
INSU					INSURE	RB:				
	East Laurel Water District				INSURE	RC:				
	PO Box 726				INSURE	RD:				
					INSURE	RE:				
	London			KY 40743	INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
C	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	IY CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
-118	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MANUSOLLITY)	(MINUCOLL L. L.)	EACH OCCURRENCE		00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED		00,000
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)		
								MED EXP (Any one person)	\$ 10,0	
Α				CPO-0632543-01		07/01/2020	07/01/2021	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	Allerton Control of the Control of t
	OWNED SCHEDULED							BODILY INJURY (Per accident)	S	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	X UMBRELLA LIAB X OCCUP	-								00.000
	TVOTOS LIAD							EACH OCCURRENCE		00,000
Α	EXCESS LIAB CLAIMS-MADE			UMB-0632541-01		07/01/2020	07/01/2021	AGGREGATE	\$ 2,00	00,000
	DED RETENTION \$ 10,000				vienki seri				\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	IV/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	Property							Amount	3,60	02,580
Α	Troperty			CPO-0632543-01		07/01/2020	07/01/2021			•
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	CORD	) 101, Additional Remarks Schedu	ile, may h	e attached if mo	re space is requi	red)		****
								/		
CE	RTIFICATE HOLDER				CAN	CELLATION				
								DESCRIBED POLICIES BE (		
								EREOF, NOTICE WILL BY PROVISIONS.	RF DE	LIVERED IN
				,		***				

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**AUTHORIZED REPRESENTATIVE** 

East Laurel Water District PO Box 726 London, KY 40743

## INVOICE

Invoice No: 01144

	Invoice Date	e: 07/29/2	020	,
Description	Policy Number	Eff Date	Line of Business	Due
Policy Premium	CPO-0632543-01	07/01/2020	Commercial Package	\$5,324.59

Total: \$5,324.59

#### Notes

Installment 1 of 4	
Installment 1 of 4	
inotalinion i or i	



Detach and return this portion with your payment

Customer: East Laurel Water District

Invoice No: 01144

MAIL TO:

Due Date: 0	08/21/2020
Amount Due	Enclosed
\$5,324.59	

East Laurel Water District PO Box 726 London, KY 40743

## INVOICE

Invoice No: 01182

Invoice Date: 08/20/2020				
Description	Policy Number	Eff Date	Line of Business	Due
Policy Premium	CPO-0632543-01	07/01/2020	Commercial Package	\$3,173.00

Total: \$3,173.00

Notes

Installment 2 of 4



Detach and return this portion with your payment

Customer: East Laurel Water District

Invoice No: 01182

MAIL TO:

Due Date: 09/18/2020		
Amount Due	Enclosed	
\$3,173.00		

East Laurel Water District PO Box 726 London, KY 40743

### INVOICE

Invoice No: 01299

Invoice Date: 11/13/2020				
Description	Policy Number	Eff Date	Line of Business	Due
Policy Premium	CPO-0632543-01	07/01/2020	Commercial Package	\$3,173.00

Total: \$3,173.00

Notes

Installment 3 of 4



Detach and return this portion with your payment

Customer: East Laurel Water District

Invoice No: 01299

MAIL TO:

Due Date: 12/15/2020			
Amount Due	Enclosed		
\$3,173.00			

East Laurel Water District PO Box 726 London, KY 40743 INVOICE

Invoice No: 01457

Invoice Date: 03/01/2021				
Description	Policy Number	Eff Date	Line of Business	Due
Policy Premium	CPO-0632543-01	07/01/2020	Commercial Package	\$3,173.00

Total: \$3,173.00

Notes

Installment 4 of 4

Detach and return this portion with your payment

Customer: East Laurel Water District

Invoice No: 01457

MAIL TO:

Due Date: 03/26/2021		
Amount Due	Enclosed	
\$3,173.00		

EL1	Tank	N.L. High School	835459.00	
	Pumping Station	Bush	36000.00	
EL4	Tank	Hwy 830	712925.00	
	Pumping Station	Hwy 229 Oak Creek Springs	25000.00	
	Pumping Station	Subdivision	11139.00	22279.00
EL5	Tank	Layton Harris Road	946853.00	
EL6	Tank	New Bush	712925.00	
	Pump Station	501 Lick Fork Rd	150000.00	
	Pump Station	8600 East Laurel Rd	150000.00	