P.O. BOX 79

SALVISA, KENTUCKY 40372

December 14, 2023

Ms. Linda C. Bridwell, P.E.

Executive Director

Kentucky Public Service Commission

P.O. Box 615

Frankfort, Ky 40602-0615

Re:

Case No. 2023-00185

North Mercer Water District

Alternative Rate Filing Adjustment

Dear Ms. Bridwell:

Enclosed for filing in the referenced case is North Mercer Water District amended application for an adjustment to its water rates. This amended ARF application is being filed pursuant Public Service Commission Order and uses calendar year 2022 as the test year with appropriate adjustments to normalize revenue and expenses.

North Mercer Water District reads its meters on the fifteenth of the month for the billing cycle. In order, to facilitate the accurate billing of its customer's North Mercer Water District requests the Public Service Commission in its final order in this matter grant an effective date on the fifteenth of the month in which the adjustment in rates is approved.

The Attorney General's Office of Rate Intervention has also been provided a copy of this amended application by electronic mail.

Sincerely.

Mischell Lee

General Manager

Enclosure

		BEFORE THE PUBLIC SERVICE COMMISSION		
		For Small Utilities Pursuant to 807 KAR 5:076 (Alternative Rate Filing)		
_		North Mercer Water District		
		(Name of Utility)		
_		4795 Louisville Road		
		(Business Mailing Address - Number and Street, or P.O. Box)		
-		Salvisa, Kentucky 40372		
		(Business Malling Address - City, State, and Zip)		
		859-865-2292		
		(Telephone Number)		
		BASIC INFORMATION		
NAM	nu	TITLE, ADDRESS, TELEPHONE NUMBER and E-MAIL ADDRESS of the person to whom corre- nications concerning this application should be directed:	sponde	ence or
		Mischell Lee		
		(Name)		
		P.O. Box 79		
		(Address - Number and Street or P.O. Box)		
		40372		
		(Address - City, State, Zip)		
		859-865-2292		
		(Telephone Number)		
		MLee@NorthMercerWater.org		
		(Email Address)		
		(For each statement below, the Applicant should check either "YES", "NO", or		
		"NOT APPLICABLE" (N/A))	\ \ \	NO NIA
			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.	V	
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.		V
2. a		Applicant has filed an annual report with the Public Service Commission for the past year.	V	
b		Applicant has filed an annual report with the Public Service Commission for the two	V	

SOBMIT ORIGINAL AND FIVE ADDITIONAL COPIES, UNLESS FILING ELECTRONICALLY

APPLICATION FOR RATE ADJUSTMENT

SHEET 1 OF 5

✓

Applicant's records are kept separate from other commonly-owned enterprises.

previous years.

3.

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 rate intervention@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.)	

•	"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, 2022.	
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 \$	
12.	As of the date of the filing of this application, Applicant had4,639customers.	
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.	
b.	Applicant is required to file state and feder	eral tax returns.	
C.	Applicant's most recent state and federa (Attach a copy of returns.)	I tax returns are attached to this Application.	
17.	Approximately 0 (Insert diplant) of Applicant's total utility plant viots or other contributions.	dollar amount or percentage of total utility was recovered through the sale of real estate	
18.	Applicant has attached a completed Transactions for each person who 807 KA	Statement of Disclosure of Related Party AR5:076, §4(h) requires to complete such form.	
5:076 a which t	By submitting this application, the Applind waives any right to place its propose the application is accepted by the Public	plicant consents to the procedures set forthed rates into effect earlier than six months from Service Commission for filing.	n in 807 KAR m the date on
and capplication	I am authorized by the Applicant to sign ompleted this application, and to the bation and its attachments is true and corre	Signed Officer of the Company/Authorized Reprint	tained in this
		Title Manager	
COMM	ONWEALTH OF KENTUCKY	Date 12 11 2023	
COUN	TY O F Mercer		
applica	e/she had read and completed this a	pplication, that he/she is authorized to sign that to the best of his/her knowledge all the s is true and correct.	and file this
		The Harlidge	
		Notary Public	200
		My commission expires: 8/3/24	111/20
		~ 1 NP100	y

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