

**COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION**

In the Matter of:

THE APPLICATION OF)
CELLCO PARTNERSHIP D/B/A VERIZON WIRELESS)
AND SOUTHERN TOWERS BTS, LP FOR ISSUANCE) CASE NO. 2024-00098
OF A CERTIFICATE OF PUBLIC CONVENIENCE AND)
NECESSITY TO CONSTRUCT A WIRELESS)
COMMUNICATIONS FACILITY IN THE)
COMMONWEALTH OF KENTUCKY IN THE COUNTY)
OF TAYLOR)

SITE NAME: BLACK GNAT

* * * * *

**SUPPLEMENTAL INFORMATION TO APPLICATION FOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR CONSTRUCTION OF A WIRELESS COMMUNICATIONS FACILITY**

Cellco Partnership, d/b/a Verizon Wireless and Southern Towers BTS, LP (“Co-Applicants”), by counsel, pursuant to (i) KRS §§278.020, 278.040, 278.650, 278.665, and other statutory authority, and the rules and regulations applicable thereto, and (ii) the Telecommunications Act of 1996, filed an Application requesting issuance of a Certificate of Public Convenience and Necessity (“CPCN”) on May 15, 2024

On April 16, 2024 fifteen (15) notices were sent to surrounding property owners; at the time of filing six (6) notice green cards had been returned. On May 9, 2024 USPS tracking indicated that nine (9) notices were “moving through the system”. For this reason, new notice was mailed to those nine property owners that USPS indicated had not received notice. To date, eight (8) additional green cards from the May 9, 2024 mailing have been returned and USPS tracking indicates that one (1) notice is being returned. There are no unaccountable notices at this time. A copy of the form of the notice sent by certified mail on May 9, 2024, the returned green cards and the USPS information is attached as **Exhibit 1**.

2. Attached hereto as **Exhibit 2** please find an Affidavit of Certification for all information contained in this application.

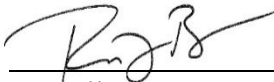
28. All Exhibits to this Application are hereby incorporated by reference as if fully set out as part of the Application.

29. All responses and requests associated with this Application may be directed to:

Russell L. Brown
Clark, Quinn, Moses, Scott & Grahn, LLP
320 North Meridian Street, Suite 1100
Indianapolis, IN 46204
Phone: (317) 637-1321
FAX: (317) 687-2344
Email: rbrown@clarkquinnlaw.com

WHEREFORE, Co-Applicants respectfully request that the PSC accept the foregoing Application for filing and, having met the requirements of KRS §§278.020(1), 278.650, and 278.665 and all applicable rules and regulations of the PSC, grant a Certificate of Public Convenience and Necessity to construct and operate the WCF at the location set forth herein.

Respectfully submitted,



Russell L. Brown
Clark, Quinn, Moses, Scott & Grahn, LLP
320 North Meridian Street, Suite 1100
Indianapolis, IN 46204
Phone: (317) 637-1321 / FAX: (317) 687-2344
Email: rbrown@clarkquinnlaw.com
Attorney for Cellco Partnership d/b/a Verizon Wireless

LIST OF EXHIBITS

- 1 May 9, 2024 Property Owner Notification
- 2 Affidavit of Certification



ClarkQuinn

www.clarkquinnlaw.com

Russell L. Brown
Attorney at Law
rbrown@clarkquinnlaw.com

320 N. Meridian St., Ste. 1100
Indianapolis, IN 46204
(317) 637-1321 main
(317) 687-2344 fax

May 9, 2024

**Notice of Proposed Construction of
Wireless Communications Facility
Site Name: Black Gnat**

Cellco Partnership, d/b/a Verizon Wireless and Southern Towers BTS are filing an application with the Kentucky Public Service Commission ("PSC") to construct a new wireless communications facility at 5321 Greensburg Rd., Campbellsville, KY 42718 (North Latitude: (37° 18' 27.79", West Longitude 85° 25' 53.11"). The proposed facility will include a 245-foot tall antenna tower, plus a 4-foot lightning arrestor and related ground facilities. Site name is Black Gnat. This facility is needed to provide improved coverage for wireless communications in the area.

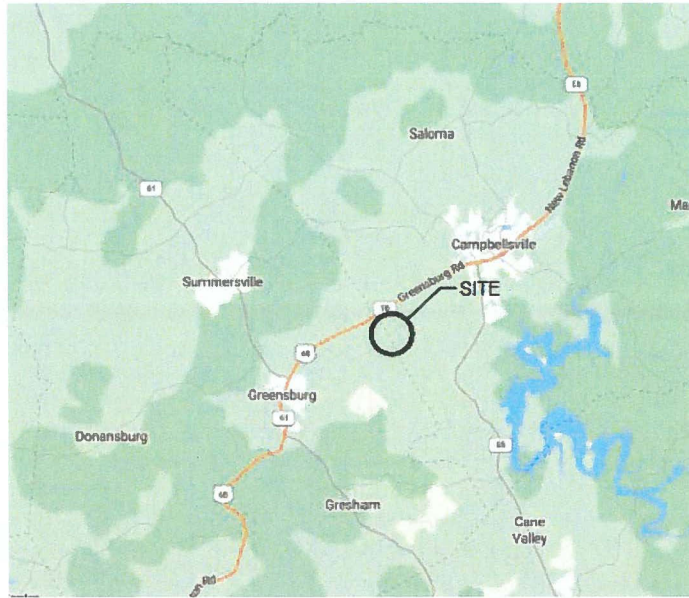
This notice is being sent to you because the County Property Valuation Administrator's records indicate that you may own property that is within a 500' radius of the proposed tower site or contiguous to the property on which the tower is to be constructed. You have a right to submit testimony to the Kentucky Public Service Commission ("PSC"), either in writing or to request intervention in the PSC's proceedings on the application. You may contact the PSC for additional information concerning this matter at: Kentucky Public Service Commission, Executive Director, 211 Sower Boulevard, P.O. Box 615, Frankfort, Kentucky 40602. Please refer to docket number 2024-00098 in any correspondence sent in connection with this matter.

We have attached a map showing the site location for the proposed tower. Applicant's radio frequency engineers assisted in selecting the proposed site for the facility, and they have determined it is the proper location and elevation needed to provide quality service to wireless customers in the area. Please feel free to contact us at 317-637-1321 if you have any comments or questions about this proposal.

Sincerely,
Russell L. Brown

Attorney for Applicant
RLB/mnw
Enclosure

Location Maps



Vicinity Map



Focused Map on Aerial

ClarkQuinn
Clark, Quinn, Moses, Scott & Grahn, LLP



7012 0470 0001 8048 4415

BENSKIN PAUL & JUDY
1038 BLACK GNAT RD
CAMPBELLSVILLE KY 42718

FIRST-CLASS



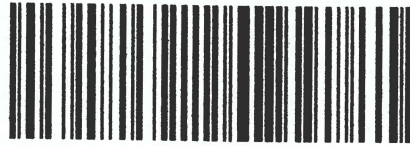
US POSTAGETM PITNEY BOWES



ZIP 46204 \$ 008.69⁰
02 7H
0006035028 MAY 09 2024

CERTIFIED MAILTM

ClarkQuinn
Clark, Quinn, Moses, Scott & Grahn, LLP



7012 0470 0001 8048 4408

CURRY TIMMY T & PATRICIA
921 BLACK GNAT RD
CAMPBELLSVILLE KY 42718

FIRST-CLASS



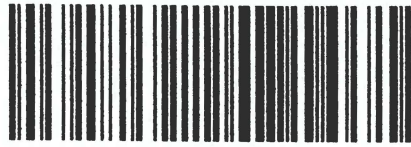
US POSTAGETM PITNEY BOWES



ZIP 46204 \$ 008.69⁰
02 7H
0006035028 MAY 09 2024

CERTIFIED MAILTM

ClarkQuinn
Clark, Quinn, Moses, Scott & Grahn, LLP



7012 0470 0001 8048 4392

EDWARDS KAREN ANN
42 LISA LANE
CAMPBELLSVILLE, KY 42718

FIRST-CLASS



US POSTAGETM PITNEY BOWES



ZIP 46204 \$ 008.69⁰
02 7H
0006035028 MAY 09 2024

ClarkQuinn
Clark, Quinn, Moses, Scott & Grahn, LLP



7012 0470 0001 8048 4354

EDWARDS MICHAEL
830 BLACK GNAT RD
CAMPBELLSVILLE, KY 42718

FIRST-CLASS



US POSTAGE^{IMI}PITNEY BOWES



ZIP 46204 \$ 008.69⁰
02 7H
0006035028 MAY 09 2024

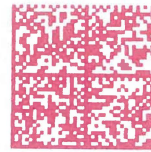
CERTIFIED MAILTM



7012 0470 0001 8048 4361

EDWARDS WILLIAM WAYNE
& MARY LOU
27 LISA LANE
CAMPBELLSVILLE KY 42718

FIRST-CLASS

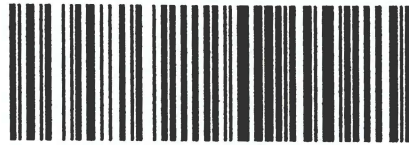


US POSTAGE^{IMI}PITNEY BOWES



ZIP 46204 \$ 008.69⁰
02 7H
0006035028 MAY 09 2024

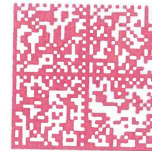
CERTIFIED MAILTM



7012 0470 0001 8048 4385

GABEHART CHARLES TODD
755 BLACK GNAT RD
CAMPBELLSVILLE, KY 42718

FIRST-CLASS



US POSTAGE^{IMI}PITNEY BOWES



ZIP 46204 \$ 008.69⁰
02 7H
0006035028 MAY 09 2024

ClarkQuinn
Clark, Quinn, Moses, Scott & Grahn, LLP

ClarkQuinn
Clark, Quinn, Moses, Scott & Grahn, LLP

ClarkQuinn
Clark, Quinn, Moses, Scott & Grahn, LLP



7012 0470 0001 8048 4422

MILLS MOTOR SALES LLC
5321 GREENSBURG RD
CAMPBELLSVILLE, KY 42718

FIRST-CLASS



US POSTAGE^{IMI}PITNEY BOWES



ZIP 46204 \$ 008.69⁰
02 7H
0006035028 MAY 09 2024

ClarkQuinn
Clark, Quinn, Moses, Scott & Grahn, LLP



7012 0470 0001 8048 4347

OVERFELT STEVEN N & JASMINE S
5673 GREENSBURG RD
CAMPBELLSVILLE, KY 42718

FIRST-CLASS

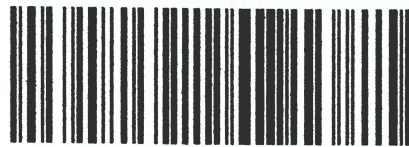


US POSTAGE^{IMI}PITNEY BOWES



ZIP 46204 \$ 008.69⁰
02 7H
0006035028 MAY 09 2024

ClarkQuinn
Clark, Quinn, Moses, Scott & Grahn, LLP



7012 0470 0001 8048 4378

SPENCER JUSTIN
5475 GREENSBURG ROAD
CAMPBELLSVILLE KY 42718

FIRST-CLASS



US POSTAGE^{IMI}PITNEY BOWES



ZIP 46204 \$ 008.69⁰
02 7H
0006035028 MAY 09 2024

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SPENCER JUSTIN
 5475 GREENSBURG ROAD
 CAMPBELLSVILLE KY 42718



9590 9402 8538 3186 2560 34

2. Article Number (Transfer from service label)

7012 0470 0001 8048 4378

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

B. Received by (Printed Name)

JUSTIN SPENCER

C. Date of Delivery

5/20/21

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EDWARDS WILLIAM WAYNE
 & MARY LOU
 27 LISA LANE
 CAMPBELLSVILLE KY 42718



9590 9402 8538 3186 2560 27

2. Article Number (Transfer from service label)

7012 0470 0001 8048 4361

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

B. Received by (Printed Name)

William Edwards

C. Date of Delivery

5-13-21

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BENSKIN PAUL & JUDY
 1038 BLACK GNAT RD
 CAMPBELLSVILLE KY 42718



9590 9402 8749 3310 9188 49

2. Article Number (Transfer from service label)

7012 0470 0001 8048 4415

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

B. Received by (Printed Name)

Paul Benskin

C. Date of Delivery

5-13-21

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No


3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:		B. Received by (Printed Name) <i>J Mills</i>	C. Date of Delivery <i>5/13/24</i>
<p>MILLS MOTOR SALES LLC 5321 GREENSBURG RD CAMPBELLSVILLE, KY 42718</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
 9590 9402 8749 3310 9188 56		<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (D)	
2. Article Number (Transfer from service label) 7012 0470 0001 8048 4422		PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery <i>5/13/24</i>
<p>EDWARDS KAREN ANN 42 LISA LANE CAMPBELLSVILLE, KY 42718</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
 9590 9402 8538 3186 2560 58		<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (D)	
2. Article Number (Transfer from service label) 7012 0470 0001 8048 4392		PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:		B. Received by (Printed Name) <i>Brandon Kussen</i>	C. Date of Delivery <i>5-13-24</i>
<p>OVERFELT STEVEN N & JASMINE S 5673 GREENSBURG RD CAMPBELLSVILLE, KY 42718</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
 9590 9402 8236 3030 6417 90		<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (D)	
2. Article Number (Transfer from service label) 7012 0470 0001 8048 4347		PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EDWARDS MICHAEL
830 BLACK GNAT RD
CAMPBELLSVILLE, KY 42718



9590 9402 8236 3030 6418 06

2. Article Number (Transfer from service label)

7012 0470 0001 8048 4354

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michael Edwards* Agent
 Addressee

B. Received by (Printed Name)

Michael Edwards

C. Date of Delivery

5/13/24

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restrict
Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation
Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Mail Restricted Delivery (500) | |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CURRY TIMMY T & PATRICIA
921 BLACK GNAT RD
CAMPBELLSVILLE KY 42718



9590 9402 8749 3310 9110 31

2. Article Number (Transfer from service label)

7012 0470 0001 8048 4408

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Patricia Curry*

- Agent
- Addressee

B. Received by (Printed Name)

Patricia Curry

C. Date of Delivery

5/22/24

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Mail Restricted Delivery

Tracking Number:

[Remove X](#)

70120470000180484385

[Copy](#)

[Add to Informed Delivery \(https://informedelivery.usps.com/\)](https://informedelivery.usps.com/)

Latest Update

Your item was returned to the sender at 9:25 am on June 20, 2024 in CAMPBELLSVILLE, KY 42718 because the forwarding order for this address is no longer valid.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Alert

Forward Expired

CAMPBELLSVILLE, KY 42718
June 20, 2024, 9:25 am

In Transit to Next Facility

June 18, 2024

[See All Tracking History](#)

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

[Text & Email Updates](#)



[USPS Tracking Plus®](#)



[Product Information](#)



[See Less ^](#)

Track Another Package

Enter tracking or barcode numbers

Need More Help?

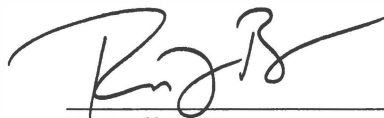
Contact USPS Tracking support for further assistance.

[FAQs](#)

STATE OF INDIANA)
)SS:
COUNTY OF MARION)

**AFFIDAVIT OF CERTIFICATION
COMMONWEALTH OF KENTUCKY
PUBLIC SERVICE COMMISSION**

I, Russell L. Brown, attorney for Cellco Partnership, d/b/a Verizon Wireless, do hereby certify that as the person supervising the preparation of this application, all statements and information contained herein are true and accurate to the best of that person’s knowledge, information, and belief formed after a reasonable inquiry for all information within this application.



Russell L. Brown
Attorney for Cellco Partnership d/b/a Verizon Wireless

STATE OF INDIANA,
COUNTY OF MARION, SS:
Subscribed and sworn to before me this 3rd day of July, 2024.



Notary Public
Printed Name of Notary: Megan N. Webb
My commission expires: May 24, 2028
Commission #: NP0634690

