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TRANSMITTAL LETTER

Public Service Commission

PSC CASE NO. 2016-424

TO: David Spenard, Staff Attorney Kentucky Putlic Service Commission 211 Sower Blvd. Frankfort, KY 40602

FROM: Western Fleming County Water District Patrick E. Price, Attorney Suit, Price, Price & Ruark, PLLC 207 Court Square Flemingsburg, KY 41041 Ph.: (606) 849-2338 Fax: (606) 845-8701 E-mail: peprice@windstream.net

SUBJECT: Attached is Western Fleming County Water District request for a Deviation in Storage Capacity.

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I. Contact Information

Please provide information for the person to whom correspondence or communications concerning this application should be directed;

| Name: VERNON BARt | DN Tit | 10: Chair | mant |
|-------------------------|--------|-----------|------------------------|
| Address: 1500 Ew: , | 9 RD | | |
| City: EWING | State: | _KY_ | Zip Code: <u>41039</u> |
| Telephone Number: (606) | 267-21 | 20' | |

II. Filing Requirements

Please submit an original and seven (7) copies of the completed application to:

Kentucky Public Service Commission

Executive Director's Office

211 Sower Boulevard

Frankfort, Kentucky 40602

Telephone: (502) 564-3940

All correspondence and responses to supplemental information requests should be sent to the above address as well.

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| 111. | Questionnaire: | |
|--------------|--|--|
| | Please answer all questions complete | tely, attach additional sheets as necessary. |
| | 1. Provide the average daily water | consumption. This should include all water |
| | sold, utility water usage, and una | ccounted-for-water. following information: |
| | Average Daily Consumption: | 1,225,488 |
| | 2. Please provide the following info | rmation: |
| | Total number of water storage ta | nks in the system:9 |
| | Type of Storage Tank | Capacity |
| Dela | Ney ELEVATED | 300,000 |
| | Ridge ELEVATED | 300,000 |
| FAIR | Wew Standpipe | 100,000 |
| | ~ | |
| | | |
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| #* | an a | |
| | <u></u> | an ann an |
| 2004 CU - 11 | | |
| | N TRATANTATIV WIT | |

3. Please provide a list of all large customers purchasing more than five (5) percent of the utility's average daily consumption. Also indicate which, if any, of these customers can sustain an interruption during emergencies.

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| Customer | Daily Usage | Storage Facility | <u>Capacity</u> | Interruption |
|---------------------|--|------------------|---|----------------|
| Buffalo Tenez Water | 385,000 AND | (Yes () No | 550,000 | (AYYes () No |
| Nocholas Co. Water | 275,000 AVG | (Yes ()No | 239,000 | (~) Yes () No |
| | and a second s | () Yes () No | + | () Yes () No |
| | · · · · · · · · · · · · · · · · | ()Yes ()No | | () Yes () No |
| | · | () Yes () No | | () Yes () No |
| <u> </u> | | () Yes () No | - • • • • • • • • • • • • • • • • • • • | () Yes () No |

4. Please provide a list of all critical healthcare facilities served by the system.

| Facility | Daily Usage | Storage Facility | Capacity |
|---------------------------------------|--|------------------|--------------------------|
| Robert 30N Co. Hepleh CARE. | 1,000 gollous | (Pres () No | 150,000 |
| • | | () Yes () No | ····· |
| | ▲ ↓ ₩ ₩ , , , , _ , _ , _ , _ | () Yes () No | |
| <u> </u> | | ()Yes ()No | |
| , | | () Yes () No | A ANALY STREET OF STREET |
| ب بن تنه م رین ۲۰۰۰ ۱۰۰ مر | <u> </u> | () Yes () No | |

5. Please provide the following information:

Does the utility:

| Produce water? | (*) Yes () No | Purchase water? | (YYes () No | |
|----------------|----------------|-----------------|--------------|--|
|----------------|----------------|-----------------|--------------|--|

If the utility purchases water, please provide the following information:

| Supplier | Average Amount Purchased |
|--------------------|---|
| Greater Rogioval | 3milgallowsmowshilk |
| | |
| ALL MARK AND AND A | |
| | |
| | and a summary and a subject of the second |

6. If a supplier has storage capacity or reserves storage capacity for the benefit

of your utility, please provide the following information:

| Supplier | Capacity | Proximity to Master Meter |
|----------------|----------|---------------------------|
| Greater Apgine | | |
| | | |
| | | |
| | | |
| | | |

- 7. Will your supplier issue your utility a letter of this additional storage capacity specifying whether they can sustain any of your system's interruptions to ensure you adequate continuity of service? (I) Yes () No If yes, provide a copy of the agreement or letter.
- 8. Please provide a technical summary of operational deficiencies of the system that are known from experience or that are indicated by hydraulic analysis. This should include a list of outages that occurred in past years, their location, the cause and duration of any outages, customer complaints, areas of low pressure, and the availability of standby equipment, repair equipment, and contractors.

9. Please provide information on the growth potential for the system. This should include the number of new customers added per year and the possibility of extensive development (i.e. new subdivisions, businesses, etc.)

20 new

10. Please describe any planning, to date, to bring the system into compliance with Commission regulations. This should include efforts to secure financing for the construction of additional storage facilities, as well as the estimated compliance date. If no planning has taken place, please explain why.

We are planning on build New Elevated water Theo Fivarial able, west six years. 20

IV. Signature:

I have read and completed this application, and to the best of my knowledge, all the information contained herein is true and correct.

| Signed: Clesnon Darto | |
|-----------------------|--|
| Title: Chairman | |
| Date: 11/29/16 | |

This Request for Western Fleming County Water District for Deviation in Storage Capacity, prepared under my direction, and mailed to David Spenard, Staff Attorney, Kentucky Public Service Commission, 211 Sower Blvd., Frankfort, KY 40602, this <u>3</u>/ day of January, 2017.

PÁTRICK E. PRICE SUIT, PRICE, PRICE & RUARK, PLLC 207 COURT SQUARE FLEMINGSBURG, KY 41041 Ph.: (606) 849-2338 Fax: (606) 845-8701 E-mail: <u>peprice@windstream.net</u> Attorney for Western Fleming County Water District . •

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EMERGENCY RESPONSE PLAN

| e. Service/Rep. | air Contacts | | | |
|--------------------------------|--|----------------|---------------------------------------|------------------|
| Name | to at Name and | Telephonest | Alternate# | Email Address |
| Bottled Water Service | | | A A A A A A A A A A A A A A A A A A A | |
| KEN'S SUPERMARKET | ALLEN ARGO | 606-849-2366 | | |
| Bulk Water Supply | 2 | · . | | |
| | | | | |
| Chemical Supplier | | | 4 7 A | |
| Chlorine | C.I. THORNBURG | 859-255-0857 | 309-523-3484 | |
| Other | C I. THORNBURG | 859-255-0857 | 309-523-3484 | |
| Contractor | · | | | |
| RUARK EXCAVATING | JOHNNY RUARK | 606-267-5531 | 606-782-1182 | |
| "Oig Safe" | | 811 | | kentucky811.org |
| Electrician | · • | | | active for the B |
| | | | | |
| Electric Utility | | 3 | | |
| FLEMING-MASON ENERGY | CHRIS PERRY | 605-845-2661 | | |
| Gas/Propane Supplier | · · · · · · · · · · · · · · · · · · · | ova oto Luor | | |
| SOUTHERN STATES | RICK KIELMAN | 606-845-5811 | | |
| Generator Supplier | | | | • |
| ON-SITE | | | | |
| Pipe Supplier | | A | | |
| UTILITY SERVICE | JAMIE BALDRIDGE | 1-888-994-7473 | 606-780-8700 | |
| Pump Supplier | | 1-000-224-1413 | ; | * |
| OLOFIELD EQUIPMENT | 1 Line & Prizzinas - | 513-563-7787 | 513-733-2766 | |
| Rental Equipment | i i i i i i i i i i i i i i i i i i i | 010-000-1101 | 515-733-2708 | a state of the |
| MAYSVILLE RENTAL & SUPPLY | i a stati | 606-759-5717 | | |
| Sewer Utility Company | ta da serie | 000-755-5717 | | |
| N/A | 1 | · · · · · | | |
| Telemetry/SCADA | | ÷ - + | | |
| Company | in the second | | | |
| MICRO-COMM | and the second s | 913-390-4500 | | |
| Telephone Company | | 100004000 | | |
| A.T.&T. | ····································· | 1-866-620-6900 | | |
| Transportation | | | | • |
| Department | | | | ~ |
| City | | | | |
| County | FLEMING CO. ROAD DEPT. | 606-845-1871 | | |
| State | HIGHWAY DEPT. DISTRICT 9 | 606-845-2551 | | |
| Water Testing | | · · · · · | | 5 |
| Laboratory | 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | 215.2.1 | | , |
| MCCOY &MCCOY LAB, INC. | | 1-270-821-7375 | | |
| Well Orilling Company | ار مېلې کې چې د د د مېلې کې د د د د د د د د د د د د د د د د د د | 1 | | |
| PAGUSON & SON'S WATER ORILLING | | 1-606-474-7070 | | |