

ORIGINAL

LAW OFFICES

MARTIN, ADE, BIRCHFIELD & MICKLER, P.A.

JAMES L. ADE
LYNDA R. AYCOCK
W. O. BIRCHFIELD
TIMOTHY A. BURLEIGH
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CHARLES L. CRANFORD
STEPHEN H. DURANT
T. WILLIAM GLOCKER
MICHAEL E. GOODBREAD, JR.
STEPHEN D. HALKER
SHARON ROBERTS HENDERSON

ONE INDEPENDENT DRIVE - SUITE 3000
JACKSONVILLE, FLORIDA 32202

MAILING ADDRESS:
POST OFFICE BOX 59
JACKSONVILLE, FLORIDA 32201
TELEPHONE (904) 354-2050
TELECOPIER (904) 354-5842

BARBARA CHRISTIE JOHNSTON
MYRA LOUGHRAN
RALPH H. MARTIN
ROBERT O. MICKLER
JEANNE M. MILLER
JOHN D. MILTON, JR.
JAMES A. NOLAN, III
DANIEL B. NUNN, JR.
SCOTT G. SCHILDBERG
MICHAEL D. WHALEN
GARY L. WILKINSON

L. PETER JOHNSON (1942-1988)

September 15, 1998

Blanca Bayo, Director
Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Re: Application for Rate Increase for Duval, St. Johns
and Nassau Counties by United Water Florida Inc.,
Docket No. 980214-WS

Dear Ms. Bayo:

In connection with the above-referenced matter, please find enclosed for filing an original and seven copies of a Notice of Filing Affidavits on behalf of United Water Florida Inc. Please file the original and distribute the copies in accordance with your usual procedures.

If you have any questions or comments regarding this matter, please do not hesitate to call.

Sincerely yours,

Scott G. Schildberg
Scott G. Schildberg

- ACK _____
- AFA 1 _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG 1 _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- (WAS) Wells _____
- OTH _____

SGS/dws
Enclosures

cc: Mr. Walton F. Hill
Mr. Jack Schreyer
Mr. Gary R. Moseley
Mr. Muniipalli Sambamurthi
Ms. Bobbie Reyes
Mr. Harold McLean

MAIL ROOM
SEP 16 AM 9 02 '98
RECEIVED
DOCUMENT NUMBER-DATE
10105 SEP 16 88
FPSO-RECORDS/REPORTING

ORIGINAL

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Application for Rate Increase) DOCKET NO.: 980214-WS
in Duval, Nassau and St. Johns)
Counties by United Water Florida Inc.) Date Submitted for
) Filing: September 15, 1998
)

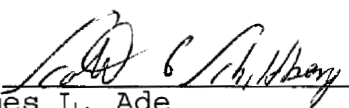
NOTICE OF FILING AFFIDAVITS

United Water Florida Inc. ("United Water Florida"), by and through its undersigned attorneys, hereby files the Affidavits of Gary R. Moseley in connection with the mailings and copies being furnished to various entities of (i) the Notice of Application by United Water Florida Inc. for Adjustment of Rates and (ii) the Notice of Meetings to the Customers of United Water Florida Inc. and All Other Interested Parties. Said Affidavits are attached as Exhibit 1 and 2, respectively.

Dated this 15th day of September, 1998.

Respectfully submitted,

MARTIN, ADE, BIRCHFIELD &
MICKLER, P.A.

By: 
James L. Ade
Florida Bar No. 0000460
Scott G. Schildberg
Florida Bar No. 0613990
3000 Independent Square
Jacksonville, FL 32202
Telephone: (904) 354-2050

Attorneys for United Water
Florida Inc.

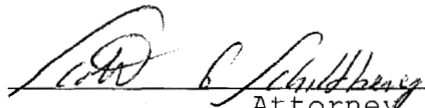
DOCUMENT NUMBER-DATE

10185 SEP 16 88

REGISTRATION

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that the original and seven copies of the Notice of Filing Affidavits has been furnished by U.S. Mail this 15th day of September, 1998, to Blanca Bayo, Director, Division of Records and Reporting, Florida Public Service Commission, 2450 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, and copies of the foregoing have been furnished to Bobbie Reyes, Attorney for the Staff of the Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, and to Harold McLean, Esquire, Office of Public Counsel, c/o The Florida Legislature, 111 W. Madison Street, Room 812, Tallahassee, Florida 32399-1400, by U.S. Mail, this 15th day of September, 1998.



Attorney

AFFIDAVIT OF MAILING
NOTICE OF APPLICATION
BY UNITED WATER FLORIDA INC.
FOR ADJUSTMENT OF RATES

STATE OF FLORIDA)
)SS
COUNTY OF DUVAL)

BEFORE ME, the undersigned authority, this day personally appeared GARY R. MOSELEY, who, after being by me first duly sworn, deposes, and says that:

1. My name is Gary R. Moseley and I am the Vice President of United Water Florida Inc.

2. I am over the age of eighteen, of sound mind, capable of making this Affidavit, and I am fully competent to testify to the matters stated herein.

3. As Vice President of United Water Florida Inc., I have actual knowledge of the facts and representations set forth in this Affidavit.

4. I caused copies of the Notice of Application by United Water Florida Inc. for Adjustment of Rates ("Notice"), printed envelopes, and an electronic list of the names and addresses of the customers of United Water Florida Inc. and persons who have requested service as described in Rule 25-22.0407(5)(a), Florida Administrative Code ("Service Requestors"), to be mailed copies of the Notice to be delivered to Alexander's Direct Mail Service.

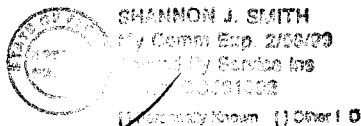
5. That on August 12, 1998, I caused copies of the Customer Notice to be mailed to the customers and the Service Requestors of United Water Florida Inc., as shown in the Affidavit of Alice Alexander attached hereto as Exhibit A.

FURTHER AFFIANT SAYETH NOT.

Gary R. Moseley
GARY R. MOSELEY

Sworn to and subscribed before me this 3 day of September, 1998, by GARY R. MOSELEY, who

- is personally known to me
- produced a Florida Driver's License as identification # _____



Shannon J. Smith
Notary Public, State of Florida
Printed: Shannon J. Smith
My Commission Expires: _____
Commission No.: _____

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared ALICE ALEXANDER, who is being by me first duly sworn, deposes and says:

1. That she is an officer of Alexander's Direct Mail Service.

2. That as an officer of Alexander's Direct Mail Service, she has actual knowledge of the facts and representations set forth in this Affidavit.

3. That she received on behalf of United Water Florida Inc. a copy of the Notice of Application by United Water Florida Inc. for Adjustment of Rates ("Notice"), a copy which is attached hereto as Schedule 1, printed envelopes, and an electronic list of the names and addresses which were identified by representatives of United Water Florida Inc. as the names and addresses of the customers of United Water Florida Inc. and other parties to be mailed copies of the Notice.

4. That on August 12, 1998, she caused to be delivered to a United States Postal Office for mailing copies of the Notice addressed to each of such customers and other parties and received from the United States Post Office a Statement of Mailing with Permit Imprints dated August 12, 1998, a copy of which is attached hereto as Schedule 2.

FURTHER AFFIANT SAYETH NOT.

Alice T Alexander
ALICE ALEXANDER

Sworn to and subscribed before me this 1 day of September, 1998, by ALICE ALEXANDER, who

() is personally known to me
() produced a Florida Driver's License as identification # A425025439710



DABNEY P NORMAN
My Commission CC480504
Expires Jul. 13, 1999
Bonded by ANB
600-882-5878

Dabney P Norman
Notary Public, State of Florida
Printed: Dabney P Norman
My Commission Expires: 7-13-99
Commission No.: CC480504

NOTICE OF APPLICATION BY UNITED WATER FLORIDA INC.
 FOR ADJUSTMENT OF RATES
 FLORIDA PUBLIC SERVICE COMMISSION DOCKET NO. 980214-WS

Date Issued: August 12, 1998

1. Notice is hereby given pursuant to Rule 25-22.0407, Florida Administrative Code ("FAC"), that United Water Florida Inc. ("United Water Florida") has applied to the Florida Public Service Commission (the "Commission") for an increase in its water and wastewater rates in Duval, Nassau, and St. Johns Counties, Florida.

2. United Water Florida is a water and wastewater utility company regulated by the Commission. United Water Florida is seeking an increase in its water and wastewater rates because its present rates do not provide sufficient revenues to permit it an opportunity to earn a fair return on its investment in facilities used and useful in furnishing water and wastewater service to the public.

3. Following are the present and proposed final water service rates.

Residential Service (Quarterly Rates)

Meter Size	Present Rates	Proposed Final Rates
	Base Facility Charges	Base Facility Charges
5/8"	\$ 17.39	\$ 21.09
3/4"	\$ 25.16	\$ 30.52
1"	\$ 44.63	\$ 54.13
1 1/2"	\$ 100.43	\$ 121.81
2"	\$ 178.54	\$ 216.55
Gallage Charge per 1,000 Gallons	\$ 1.36	\$ 1.65
per 100 cubic feet	\$ 1.01	\$ 1.23

General Service (Monthly Rates)

Meter Size	Present Rates	Proposed Final Rates
	Base Facility Charges	Base Facility Charges
5/8"	\$ 8.08	\$ 9.66
3/4"	\$ 11.69	\$ 14.04
1"	\$ 20.74	\$ 25.01
1 1/2"	\$ 46.66	\$ 56.45
2"	\$ 82.94	\$ 100.45
3"	\$ 186.68	\$ 226.29
4"	\$ 331.78	\$ 402.27

6"	\$ 746.60	\$ 905.39
8"	\$1,327.01	\$1,609.53
10"	\$2,074.11	\$2,515.69
12"	\$2,986.40	\$3,622.20

Gallage Charge per 1,000 Gallons	\$ 1.36	\$ 1.65
per 100 cubic feet	\$ 1.01	\$ 1.23

Private Fire Protection (Monthly Rates)

Size of Service Connection	Present Rates	Proposed Final Rates
	Monthly Rate Per Connection	Monthly Rate Per Connection
2"	\$ 6.91	\$ 8.38
3"	\$ 15.56	\$ 18.86
4"	\$ 27.65	\$ 33.51
6"	\$ 62.22	\$ 75.42
8"	\$ 110.58	\$ 134.05
10"	\$ 172.84	\$ 209.52
12"	\$ 248.87	\$ 301.67

Reused Water Service to the Ponte Vedra Golf Course

United Water Florida does not have a rate established for reuse water service.

United Water Florida is requesting a zero rate for reuse water service to the Ponte Vedra Golf Course.

3. Following are the present and proposed final wastewater service rates.

Residential Service (Quarterly Rates)

Water Meter Size	Present Rates	Proposed Final Rates
	Base Facility Charges	Base Facility Charges
5/8"	\$ 34.01	\$ 39.70
3/4"	\$ 34.01	\$ 39.70
1"	\$ 34.01	\$ 39.70
1 1/2"	\$ 34.01	\$ 39.70
2"	\$ 34.01	\$ 39.70

Unmetered account \$ 108.63 \$ 126.63
(No quantity charge)

Quantity Charge
per 1,000 gallons \$ 3.34 \$ 3.89
per 100 cubic feet \$ 2.50 \$ 2.91
(Maximum gallonage charge -27,000 gallons of water or 3,600 cubic feet of water per quarter)

General Service - Standard (Monthly Rates)

Water Meter Size	Present Rates Base Facility Charges	Proposed Final Rates Base Facility Charges
5/8"	\$ 12.92	\$ 15.13
3/4"	\$ 18.69	\$ 21.85
1"	\$ 33.16	\$ 38.71
1 1/2"	\$ 74.61	\$ 87.01
2"	\$ 132.64	\$ 154.62
3"	\$ 298.53	\$ 347.91
4"	\$ 530.57	\$ 618.18
6"	\$ 1,193.95	\$ 1,391.03
8"	\$ 2,122.13	\$ 2,472.36

Unmetered Accounts (No quantity charges) \$ 37.76 \$ 43.99

Quantity Charge
per 1,000 Gallons of water \$ 4.01 \$ 4.67
per 100 cubic feet of water \$ 3.00 \$ 3.49

General Service - Jacksonville University (Monthly)

Wastewater Meter Size	Present Rates Base Facility Charges	Proposed Final Rates Base Facility Charges
3"	\$ 298.53	\$ 347.91
4"	\$ 530.57	\$ 618.18
6"	\$ 1,193.95	\$ 1,391.03

Quantity Charge
per 1,000 Gallons of wastewater flows \$ 4.13 \$ 4.81
per 100 cubic feet of wastewater flows \$ 3.09 \$ 3.60

4. The Commission may modify the proposed rates so as to increase or decrease the proportionate amounts allocated to the base facility charge (the fixed minimum monthly amount regardless of usage) and the gallonage charge (which will vary with actual usage). The Commission may also modify the rates so as to allocate revenue among the various meter sizes in a different manner than that proposed by United Water Florida.

5. United Water Florida's position is that its water and wastewater facilities are one hundred percent (100%) used and useful. In the event that the Commission determines that any of United Water Florida's facilities are not one hundred percent (100%) used and useful, United Water Florida has requested that it be allowed to charge and collect an Allowance for Funds Prudently Invested ("AFPI") in an amount sufficient to cover all water and wastewater plant amounts.

6. United Water Florida has not requested a change in its service availability charges as a part of its rate request. However, the Commission will be reviewing United Water Florida's service availability charges in the pending rate case and the Commission may adjust United Water Florida's service availability charges. Service availability charges and AFPI charges are designed to pay for the growth of the utility system and are paid by new, and not existing customers.

7. The following dates have been established to govern the key activities of this case.

Official Date of Filing	June 23, 1998
Staff Recommendation on Suspension of Rate Increase Delivered to Commission	August 6, 1998
Commission Agenda Conference on Suspension Of Rate Increase in Tallahassee, Florida	August 18, 1998
Order on Suspension of Rates	September 7, 1998
Customer Meetings in Jacksonville, Florida	September 9, 10, and 11, 1998
Audit Report to Analyst	September 10, 1998
Staff Recommendation on Proposed Agency Action Establishing Final Rates Delivered To Commission	November 5, 1998
Commission Agenda Conference on Proposed Agency Action Establishing Final Rates in Tallahassee, Florida	November 17, 1998

Order Establishing Final Rates

December 7, 1998

(The times and locations of the customer meetings will be provided in a later notice.)

9. Copies of the Application, minimum filing requirements, and a synopsis of the rate case are available for public inspection at the following locations:

<u>Location</u>	<u>Hours Available*</u>
a. United Water Florida Inc. 1400 Millcoe Road Jacksonville, Florida 32239 (904) 725-2865	Monday through Friday 8:00 a.m. - 4:30 p.m.
b. Florida Public Service Commission Division of Records and Reporting 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850	Monday through Friday 8:00 a.m. - 5:00 p.m.
c. Jacksonville Public Library 122 N. Ocean Street Jacksonville, Florida 32202	Monday through Thursday 9:00 a.m. - 8:00 p.m. Friday and Saturday 9:00 a.m. - 6:00 p.m. Sunday ** 1:00 p.m. - 5:00 p.m.
d. St. Johns County Public Library Ponte Vedra Beach Branch 101 Library Boulevard Ponte Vedra Beach, Florida 32082	Monday, Tuesday, Wednesday 9:30 a.m. - 9:00 p.m. Thursday and Friday 9:30 a.m. - 6:00 p.m. Saturday 9:30 a.m. - 5:00 p.m. Sunday 1:00 p.m. - 5:00 p.m.
e. Bartram Trail Branch Public Library 60 Davis Pond Boulevard Jacksonville, Florida 32259	Monday, Tuesday and Thursday 9:30 a.m. - 9:00 p.m. Wednesday and Friday 9:30 a.m. - 6:00 p.m. Saturday 9:30 a.m. - 5:00 p.m.

f. Fernandina Beach Public Library
25 N. Fourth Street
Fernandina Beach, Florida 32034

Monday and Thursday
10:00 a.m. - 8:00 p.m.
Tuesday, Wednesday, Friday
and Saturday
10:00 a.m. - 6:00 p.m.

* Holiday hours may vary

** Some Sunday hours may vary

Schedule H-2 of the MFRs is a voluminous set of atlas maps showing United Water Florida's utility system, and is available for review only at the first two locations listed above.

10. Written customer comments concerning United Water Florida's water and wastewater utility service and United Water Florida's request for a rate increase should be addressed to the Director of the Division of Records and Reporting, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, with a courtesy copy to James L. Ade, Attorney, Martin, Ade, Birchfield & Mickler, 3000 Independent Square, Jacksonville, Florida 32202. All comments should include a reference to Commission Docket No. 98C214-WS, which has been assigned to this case.

11. Complaints regarding service may be made to the Commission's Division of Consumer Affairs at the following toll-free number: 1-800-342-3552.

12. On August 7, 1998, this Notice was approved for distribution by the Staff of the Commission.

Postage Statement — First-Class Mail — Permit Imprint

(For Priority Mail, Use Form 3605-R)

4978

MAILER: Complete all items by typewriter, pen, or indelible pencil. If you need a receipt, prepare in duplicate.

Post Office of Mailing Jacksonville, FL Mailing Date 4/98 Processing Category Letters (DMM C050) <input checked="" type="checkbox"/> Letters (DMM C050) <input type="checkbox"/> Flat (DMM C050) <input type="checkbox"/> Automation-Compatible Flats (DMM C050) <input type="checkbox"/> Irregular Parcels (DMM C050)		Permit No. 842 Federal Agency Cost Code 4978 WAT36017.73 Statement Sequence No. 4978 WAT36017.73 Receipt No. (904)-443-7384		Name and Address (Include ZIP Code) Alexander's Direct Mail Services, Inc. 4870 Victor St Jacksonville FL 32207		Post Office of Mailing Jacksonville, FL 32207 DUN & Bradstreet No. 1400 Millico Rd Jacksonville FL 32225	
Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) United Water Florida Inc. Alexander's Direct Mail Services, Inc. Jacksonville FL 32207		Name and Address of Mailing Agent (If other than permit holder) Alexander's Direct Mail Services, Inc. Jacksonville FL 32207		DUN & Bradstreet No. Jacksonville FL 32207		DUN & Bradstreet No. Jacksonville FL 32225	
Weight of a Single Piece 0.0344 pounds Total Pieces 26,914 Total Weight 928.842		Container Quantities (Fill in all that apply) 1-FL 14 2-FL 40 3-FL 14 4-FL 14 Total Lb 63		Prepared Under DMM (Check all that apply) <input type="checkbox"/> M130 (Letters, flats, parcels) <input type="checkbox"/> M130 (Upgradable letters) <input checked="" type="checkbox"/> M810 (Automation letters) <input type="checkbox"/> M820 (Automation flats)		Name and Address of Organization for Which Mailing is Prepared (If other than permit holder) United Water Florida Inc. 1400 Millico Rd Jacksonville FL 32225	
Postage Computation For automation rate letter-size pieces other than cards at card rates (DMM C810), go to Part A on the reverse of this form For automation rate flats (DMM C820), go to Part B on the reverse of this form For nonautomation rate pieces other than cards at card rates (DMM C050), go to Part C on the reverse of this form For postal cards and postcards at card rates (DMM E100), go to Part D on the reverse of this form		Part A \$ 8,428.225 Part B \$ 0.000 Part C \$ 0.000 Part D \$ 0.000		Total Postage \$ 8,428.225		Additional Postage Payment (State reasons) <input type="checkbox"/> Special Service (Specify) <input type="checkbox"/> No Pieces Rates/Fees Per Piece \$ 0.000	
The signature of a mailer certifies that it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on the mailing. (If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the mailer, and that both the mailer and the agent will be liable for and agree to pay any deficiencies.) The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3602).		For Enclosed Reply Pieces (Automation rate only) (Effective January 1, 1997): I certify that any business reply, courtesy reply, or metered reply letter-size cards or envelopes, enclosed in the pieces described above, bear the correct facing identification mark (FIM) and barcode. For Updated Addresses (Presorted and automation rates only) (Effective January 1, 1997): I certify that the addresses appearing on the pieces described above have been updated within 6 months of the date of this mailing using a USPS-approved address update tool. For ZIP Codes (Presorted rate only) (Effective October 1, 1996): I certify that the ZIP Codes appearing on the pieces described above have been verified and corrected where necessary within 12 months of the date of this mailing using a USPS-approved method.		I hereby certify that all information furnished on this form is accurate and truthful, that the mailing meets all applicable CAS/MMS standards for address and barcode accuracy, and that the material presented qualifies for the rates of postage claimed. Signature of Permit Holder or Agent: (Both principal and agent are liable for any postage deficiency incurred.) Telephone (904)-443-7384		Signature of Mailer [Signature] Time 8:30 PM Date 4/98	
Single-Piece Weight Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Total Places Total Weight Total Postage 6429.23		Date Mailed Notified Contact By (Initials) Round Stamp (Required)		I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (where required); (3) proper completion of postage statement; and (4) payment of required annual fee. Signature of Mailer	

Customer's Copy



Postage Statement — First-Class Mail — Permit Imprint

(For Priority Mail, Use Form 3605-R)

4978

MAILER: Complete all items by typewriter, pen, or indelible pencil. If you need a receipt, prepare in duplicate.

Mailer Information	Post Office of Mailing Jacksonville, FL		Mailing Date 02/19/98	Processing Category <input checked="" type="checkbox"/> Letters (DMM C050) <input type="checkbox"/> Flats (DMM C050) <input type="checkbox"/> Automation-Compatible Flats (DMM C820) <input type="checkbox"/> Irregular Parcels (DMM C050)		USPS Authorized Mailing ID Code(s)
	Permit No. 842	Federal Agency Cost Code	Statement Sequence No. 4978 WAT36017.73		Prepare under DMM? (Check all that apply) <input checked="" type="checkbox"/> M130 (Letters, flats, parcels) <input type="checkbox"/> M130 (Upgradable letters) <input type="checkbox"/> M810 (Automation letters) <input type="checkbox"/> M820 (Automation flats)	
	Permit Holder's Name and Address (Include ZIP Code) Alexander's Direct Mail Services, Inc. 4870 Victor St Jacksonville FL 32207-		Telephone (904)-443-7384	Receipt No.		
	Container Quantities (Fill in all that apply) 1-Fl. MM Trays <u>21</u> 2-Fl. MM Trays <u>1</u> 2-Fl. EMM Trays <u>1</u> Total Ltr. Trays <u>4</u> Flat Trays _____ Number of Sacks _____ Number of Pallets <u>N/A</u> Number of Other _____		Weight of a Single Piece _____ 0.0344 pounds	Total Pieces 775 Total Weight 26.660		
Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) United Water Florida Inc. 1400 Millcoie Rd Jacksonville FL 32225-		Name and Address of Mailing Agent (If other than permit holder) Alexander's Direct Mail Services, Inc. Jacksonville FL 32207-				
Dun & Bradstreet No. _____		Dun & Bradstreet No. _____				
CTAS Cust. Ref. ID _____		Dun & Bradstreet No. _____				

Customer's Reply

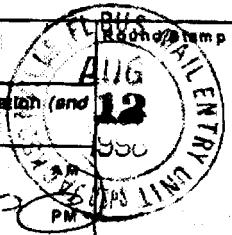
Postage Computation	<input type="checkbox"/> For automation rate letter-size pieces other than cards at card rates (DMM C810), go to Part A on the reverse of this form.	Postage (From reverse side)	Part A	\$	0.000
	<input type="checkbox"/> For automation rate flats (DMM C820), go to Part B on the reverse of this form.		Part B	\$	0.000
	<input type="checkbox"/> For nonautomation rate pieces other than cards at card rates (DMM C050), go to Part C on the reverse of this form.		Part C	\$	228.625
	<input type="checkbox"/> For postal cards and postcards at card rates (DMM E100), go to Part D on the reverse of this form.		Part D	\$	0.000
<input type="checkbox"/> Additional Postage Payment (State reasons)	<input type="checkbox"/> Special Service (Specify)	No. Pieces	Rate/Fee Per Pc.	\$ 0.000	
Total Postage				\$	228.625

The signature of a mailer certifies that it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the mailer, and that both the mailer and the agent will be liable for and agree to pay any deficiencies.)

The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).

Certification	<input type="checkbox"/> For Enclosed Reply Pieces (Automation rate only) (Effective January 1, 1997): I certify that any business reply, courtesy reply, or metered reply letter-size cards or envelopes, enclosed in the pieces described above, bear the correct facing identification mark (FIM) and barcode.
	<input type="checkbox"/> For Updated Addresses (Presorted and automation rates only) (Effective January 1, 1997): I certify that the addresses appearing on the pieces described above have been updated within 6 months of the date of this mailing using a USPS-approved address update tool.
	<input type="checkbox"/> For ZIP Codes (Presorted rate only) (Effective October 1, 1996): I certify that the ZIP Codes appearing on the pieces described above have been verified and corrected where necessary within 12 months of the date of this mailing using a USPS-approved method.
I hereby certify that all information furnished on this form is accurate and truthful, that this mailing meets all applicable CASS/MASS standards for address and barcode accuracy, and that the material presented qualifies for the rates of postage claimed.	
Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.)	
Telephone (904)-443-7384	

USPS Use Only	Single-Piece Weight _____ pounds	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Total Pieces _____ Total Weight _____	If "Yes," Reason _____	
	Total Postage 228.63		
	Check One <input checked="" type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailer Notified _____	Contact _____
I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.			
Signature of Weigher 		Time 1900	



AFFIDAVIT OF MAILING
NOTICE OF MEETINGS TO THE CUSTOMERS
OF UNITED WATER FLORIDA INC. AND
ALL OTHER INTERESTED PARTIES

BY UNITED WATER FLORIDA INC.

STATE OF FLORIDA)
)SS
COUNTY OF DUVAL)

BEFORE ME, the undersigned authority, this day personally appeared GARY R. MOSELEY, who, after being by me first duly sworn, deposes, and says that:

1. My name is Gary R. Moseley and I am the Vice President of United Water Florida Inc.

2. I am over the age of eighteen, of sound mind, capable of making this Affidavit, and I am fully competent to testify to the matters stated herein.

3. As Vice President of United Water Florida Inc., I have actual knowledge of the facts and representations set forth in this Affidavit.

4. I caused copies of the Notice of Meetings to the Customers of United Water Florida Inc. and All Other Interested Parties ("Customer Notice"), printed envelopes, and an electronic list of the names and addresses of the customers of United Water Florida Inc. and persons who have requested service as described in Rule 25-22.0407(5)(a), Florida Administrative Code ("Service Requestors"), to be mailed copies of the Customer Notice to be delivered to Alexander's Direct Mail Service.

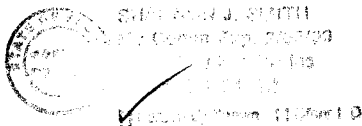
5. That on August 25, 1998, I caused copies of the Customer Notice to be mailed to the customers of United Water Florida Inc. and the Service Requestors, as shown in the Affidavit of Alice Alexander attached hereto as Exhibit A.

FURTHER AFFIANT SAYETH NOT.

Gary R. Moseley
GARY R. MOSELEY

Sworn to and subscribed before me this 3 day of September 1998, by GARY R. MOSELEY, who

- is personally known to me
- produced a Florida Driver's License as identification # _____



Shannon J. Smith
Notary Public, State of Florida
Printed: Shannon J. Smith
My Commission Expires: _____
Commission No.: _____

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared ALICE ALEXANDER, who is being by me first duly sworn, deposes and says:

1. That she is an officer of Alexander's Direct Mail Service.

2. That she is over the age of eighteen, of sound mind, capable of making this Affidavit, and is fully competent to testify to the matters stated herein.

3. That as an officer of Alexander's Direct Mail Service, she has actual knowledge of the facts and representations set forth in this Affidavit.

4. That she received on behalf of United Water Florida Inc. copies of the Notice of Meetings to the Customers of United Water Florida Inc. and All Other Interested Parties ("Customer Notice"), a copy of which is attached hereto as Schedule 1, printed envelopes, and an electronic list of the names and addresses which were identified by representatives of United Water Florida Inc. as the names and addresses of the customers of United Water Florida Inc. and other parties to be mailed copies of the Customer Notice.

5. That on August 25, 1998, she caused to be delivered to a United States Postal Office for mailing copies of the Customer Notice addressed to each of such customers and other parties and received from the United States Post Office a Statement of Mailing with Permit Imprints dated August 25, 1998, a copy of which is attached hereto as Schedule 2.

FURTHER AFFIANT SAYETH NOT.

Alice T. Alexander
ALICE ALEXANDER

Sworn to and subscribed before me this 1 day of September 1998, by ALICE ALEXANDER, who

- () is personally known to me
- () produced a Florida Driver's License as identification # A425025439710

Dabney P. Norman
Notary Public, State of Florida

Printed: Dabney P. Norman
My Commission Expires: 7-13-99
Commission No.: CC440504



DABNEY P. NORMAN
My Commission CC480504
Expires Jul. 13, 1999
Bonded by ANE
900-850-5875

**Notice of Meetings to the Customers of
United Water Florida Inc. And All Other Interested Parties
Docket No. 980214-WS
Dated: August 25, 1998**

Notice is hereby given that United Water Florida Inc. ("United Water Florida") has filed an Application for Rate Increase in Duval, Nassau, and St. Johns Counties, Docket No. 980214-WS ("Application"), with the Florida Public Service Commission ("Commission"). Customer meetings regarding the Application will be conducted by the Staff of the Commission at the following dates, times and places:

1. Thursday, September 10, 1998
Begins at 9:00 a.m.
Prime F. Osborn Convention Center
Ballroom North & South
1000 W. Bay Street
Jacksonville, Florida 32204

2. Thursday, September 10, 1998
Begins at 6:30 p.m.
Prime F. Osborn Convention Center
Ballroom North & South
1000 W. Bay Street
Jacksonville, Florida 32204

The purpose of this customer meeting is to give customers an opportunity to offer comments to the Commission staff regarding the proposed rate increase and the quality of service provided by United Water Florida. Each witness will be subject to questioning at the conclusion of their presentation. Commission staff members will summarize United Water Florida's proposed filing, the preliminary work accomplished and respond to customer input.

At the beginning of the meeting, procedures will be set up to establish an order for comments. The Commission staff will have sign-in sheets and customers will be called in the order that they sign-in. The Commission staff will be available to coordinate customer comments and to assist members of the public.

All persons who wish to comment are urged to be present at the beginning of the meeting, since the meeting may be adjourned early if no customers are present. The meeting will begin as scheduled and will continue until all the customers have been heard.

In addition to the customer meeting to be held on September 10, 1998, the Commission staff will be available the morning of September 11, 1998, to meet with individual customers who desire a more in-depth discussion of the issues. Appointments may be set up by contacting Mr. Barry Davis of the Commission staff at (850) 413-6437 prior to September 10, 1998, or signing up at the customer meetings on September 10, 1998.

All persons who wish to participate in the September 11, 1998, meeting are urged to make an appointment, since the meeting may be canceled if no customers sign up.

Finally, the Commission staff is also attempting to meet with representatives of customer groups and homeowners associations on the afternoon of September 9, 1998. If you are a representative of a customer group or homeowners association and you have not been contacted by the Commission staff, please contact Mr. Barry Davis of the Commission staff at (850) 413-6437 prior to September 9, 1998.

Any person requiring some accommodation at the customer meeting(s) because of a physical impairment should call the Division of Records and Reporting at (850) 413-6770 at least five calendar days prior to the meeting(s). Any person who is hearing or speech impaired should contact the Florida Public Service Commission by using the Florida Relay Service, which can be reached at 1-800-955-8771(TDD).

Any person who wishes to comment or provide information to the Commission staff may do so at the meetings, orally or in writing. You may also call the Commission's toll free number at 1-800-342-3552. You may write to the Commission at the address below or fax your comments to the Commission's toll-free fax line at 1-800-511-0809, with a courtesy copy to James L. Ade, Attorney, Martin, Ade, Birchfield & Mickler, 3000 Independent Square, Jacksonville, Florida 32202. Your letter will be placed in the correspondence file of this docket. Any person who is unable to attend and wishes to obtain a copy of the recommendation or the order may do so in writing to:

Director, Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

All written communication should include a reference to Docket No. 980214-WS, which is the docket number assigned to this case.

This notice was approved by the Staff of the Commission.

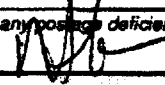
United States Postal Service
Postage Statement — Standard Mail (A)
(Other Than Nonprofit) — Permit Imprint

5018

MAILER: Complete all items by typewriter, pen, or indelible pencil. If you need a receipt, prepare in duplicate.

Post Office of Mailing Jacksonville, FL		Mailing Date PL 98	Processing Category <input checked="" type="checkbox"/> Letters (DMM C050) <input type="checkbox"/> Flats (DMM C050) <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Machinable Parcels (DMM C050) <input type="checkbox"/> Irregular Parcels (DMM C050)	USPS Authorized Mailing ID Code(s)
Permit No. 842	Federal Agency Cost Code	Statement Sequence No. 4978 WAT36028.39	Prepared Under DMM (Check all that apply) <input type="checkbox"/> M610 (Letters, flats, parcels) <input type="checkbox"/> M610 (Upgradable letters) <input type="checkbox"/> M620 (Enhanced Carrier Route) <input checked="" type="checkbox"/> M810 (Automation letters) <input type="checkbox"/> M820 (Automation flats)	
Permit Holder's Name and Address (Include ZIP Code) Alexander's Direct Mail Services, Inc. 4870 VICTOR ST Jacksonville FL 32207-	Telephone (904)-443-7384	Receipt No.		
Number of Containers (Fill in all that apply) 1-Fl. MM Trays 11 2-Fl. MM Trays 38 2-Fl. EMM Trays _____ Total Lb. Trays 76 Flat Trays N/A Sacks _____ Pallets _____ Other _____		If Sacking, Based On <input type="checkbox"/> 125 pieces <input type="checkbox"/> 15 pounds <input type="checkbox"/> Both		
Customer No. _____ (Dun & Bradstreet) GTAS Cust. Ref. ID _____		Weight of a Single Piece _____ 0.0250 pounds	Total Pieces 26,914	
Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder) United Water Florida Inc. 1400 Millcoe Rd Jacksonville FL 32225-		Name and Address of Mailing Agent (If other than permit holder) Alexander's Direct Mail Services, Inc. 4870 VICTOR ST Jacksonville FL 32207-		
Customer No. _____ (Dun & Bradstreet)		Customer No. _____ (Dun & Bradstreet)		

Postage Computation <input type="checkbox"/> For Regular automation rate letter-size (DMM C810) or flat-size pieces (see DMM C820) weighing .2066 lb. (3.3067 oz.) or less, go to Part A on reverse of this form. <input type="checkbox"/> For Regular nonautomation rate pieces (DMM C050) weighing .2066 lb. (3.3067 oz.) or less, go to Part B on reverse of this form. <input type="checkbox"/> For Enhanced Carrier Route rate pieces (DMM C050) weighing .2066 lb. (3.3062 oz.) or less, go to Part C on reverse of this form. <input type="checkbox"/> For Enhanced Carrier Route rate pieces weighing more than .2066 lb. (3.3062 oz.), or Regular rate pieces weighing more than .2066 lb. (3.3067 oz.) but all less than 1.0 lb. (16.0 oz.), go to Part D on reverse of this form.	Postage (From reverse side)	Part A	\$	3,725.304
		Part B	\$	0.000
		Part C	\$	0.000
		Part D	\$	0.000
<input type="checkbox"/> Additional Postage Payment (State reasons) <input type="checkbox"/> Single-Piece Rate <input type="checkbox"/> Nonstandard Surcharge <input type="checkbox"/> Special Service (Specify)		No. Pieces	Rate/Fee Per Pc. = \$ 0.000	
Is applicable bulk per piece rate affixed to each piece? (Form 3602-PR required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Postage		\$ 3,725.304

<input type="checkbox"/> For Enclosed Reply Pieces (Automation rates only) (Effective 1/1/97): I certify that all business reply, courtesy reply, or metered reply letter-size cards or envelopes, enclosed in the pieces described above, bear the correct facing identification mark (FIM) and barcode under DMM C810. <input type="checkbox"/> For ZIP Codes (Nonautomation rates only): I certify that the ZIP Codes appearing on the pieces described above have been verified and corrected where necessary within 12 months of the date of this mailing using a USPS-approved method.	
The signature of a mailer certifies that it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the mailer, and that both the mailer and the agent will be liable for and agree to pay any deficiencies.) The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802). I hereby certify that all information furnished on this form is accurate and truthful, that this mailing meets all applicable CASS/MASS standards for address and barcode accuracy, and that the material presented qualifies for the rates of postage claimed.	
Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.) 	Telephone (904)-443-7384

Single-Piece Weight _____ pounds Total Pieces _____ Total Weight _____ Total Postage _____	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Reason _____
Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailer Notified _____ Contact _____ By (Initials) _____ Round Stamp (Required)
I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement and payment of required annual fee.	
Signature of Mailer _____	Time _____ AM/PM _____



United States Postal Service
Postage Statement — Standard Mail (A)
(Other Than Nonprofit) — Permit Imprint

5018

Customer's Copy

MAILER: Complete all items by typewriter, pen, or indelible pencil. If you need a receipt, prepare in duplicate.

Post Office of Mailing Jacksonville, FL		Mailing Date 8/2/98	Processing Category <input checked="" type="checkbox"/> Letters (DMM C050) <input type="checkbox"/> Flats (DMM C050) <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Machinable Parcels (DMM C050) <input type="checkbox"/> Irregular Parcels (DMM C050)	USPS Authorized Mailing ID Code(s)
Permit No. 842	Federal Agency Cost Code	Statement Sequence No. 4978 WAT36028.39		
Permit Holder's Name and Address (Include ZIP Code) Alexander's Direct Mail Services, Inc. 4870 VICTOR ST Jacksonville FL 32207-		Telephone (904)-443-7384	Receipt No.	Prepared Under DMM (Check all that apply) <input type="checkbox"/> M810 (Letters, flats, parcels) <input checked="" type="checkbox"/> M810 (Upgradable letters) <input type="checkbox"/> M820 (Enhanced Carrier Route) <input type="checkbox"/> M810 (Automation letters) <input type="checkbox"/> M820 (Automation flats)
Customer No. (Dun & Bradstreet) CTAS Cust Ref ID		Number of Containers (Fill in all that apply) 1-Ft. MM Trays 3 2-Ft. MM Trays 1 2-Ft. EMM Trays _____ Total Lr. Trays 5 Flat Trays N/A Sacks _____ Pallets _____ Other _____		Weight of a Single Piece _____ 0.0280 pounds
Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) United Water Florida Inc. 1400 Millico Rd Jacksonville FL 32226-		Name and Address of Mailing Agent (If other than permit holder) Alexander's Direct Mail Services, Inc. 4870 VICTOR ST Jacksonville FL 32207-		Total Pieces 775 Total Weight 19.376
Customer No. (Dun & Bradstreet)		Customer No. (Dun & Bradstreet)		If Sacking, Based On <input type="checkbox"/> 125 pieces <input type="checkbox"/> 15 pounds <input type="checkbox"/> Both

Postage Computation	<input checked="" type="checkbox"/> For Regular automation rate letter-size (DMM C810) or flat-size pieces (see DMM C820) weighing .2068 lb. (3.3087 oz.) or less, go to Part A on reverse of this form.	Postage (From reverse side)	Part A	\$	0.000
	<input checked="" type="checkbox"/> For Regular nonautomation rate pieces (DMM C050) weighing .2068 lb. (3.3087 oz.) or less, go to Part B on reverse of this form.		Part B	\$	155.118
	<input checked="" type="checkbox"/> For Enhanced Carrier Route rate pieces (DMM C050) weighing .2068 lb. (3.3062 oz.) or less, go to Part C on reverse of this form.		Part C	\$	0.000
	<input checked="" type="checkbox"/> For Enhanced Carrier Route rate pieces weighing more than .2068 lb. (3.3062 oz.), or Regular rate pieces weighing more than .2068 lb. (3.3087 oz.) but all less than 1.0 lb. (16.0 oz.), go to Part D on reverse of this form.		Part D	\$	0.000
	<input type="checkbox"/> Additional Postage Payment (State reasons) <input type="checkbox"/> Single-Piece Rate <input type="checkbox"/> Nonstandard Surcharge <input type="checkbox"/> Special Service (Specify)		No. Pieces	Rate/Fee Per Pc.	\$ 0.000
Is applicable bulk per piece rate affixed to each piece? (Form 3802-PR required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Postage		\$	155.118

For Enclosed Reply Pieces (Automation rates only) (Effective 1/1/97): I certify that all business reply, courtesy reply, or metered reply letter-size cards or envelopes, enclosed in the pieces described above, bear the correct facing identification mark (FIM) and barcode under DMM C810.

For ZIP Codes (Nonautomation rates only): I certify that the ZIP Codes appearing on the pieces described above have been verified and corrected where necessary within 12 months of the date of this mailing using a USPS-approved method.

The signature of a mailer certifies that it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the mailer, and that both the mailer and the agent will be liable for and agree to pay any deficiencies.)

The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).

I hereby certify that all information furnished on this form is accurate and truthful, that this mailing meets all applicable CASS/MASS standards for address and barcode accuracy, and that the material presented qualifies for the rates of postage claimed.

Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.) _____ Telephone (904)-443-7384

Single-Piece Weight _____ pounds	Are figures at left adjusted from Mailer's entries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces _____ Total Weight _____	If "Yes," Reason _____
Total Postage 155.12	
Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailing Mailed _____ Contact _____ By (Initials) _____
I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.	
Signature of Mailer _____	Time 1800 AM

