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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
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GARY L. WILKINSON
L. PETER JOHNSON (1942-1988)

May 28, 1999

FEDERAL EXPRESS

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

99 JUN -1 AM 9:55
MAIL ROOM
RECEIVED

Re: Application for Rate Increase in 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 the Notice of Filing Affidavit. 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

SGS:dws
Enclosures

- cc: Mr. Walton F. Hill
Mr. Jack Schreyer
Mr. Gary R. Moseley
Ms. Jennifer Brubaker
Mr. Harold McLean

- AFA 1
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG 1
- MAS _____
- JPC _____
- RRR _____
- SEC 1
- NAW Willis
- JTH _____

DOCUMENT NUMBER-DATE

~~00711~~ JUN -1 8

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: May 20th, 1999
)

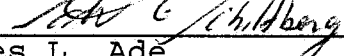
NOTICE OF FILING AFFIDAVIT

United Water Florida Inc., by and through its undersigned attorneys, hereby files the Affidavit of Mailing Notice to Customers of United Water Florida Inc. of Approved Rates of Gary R. Moseley in connection with the mailings and copies being furnished to various entities of the Notice to Customers of United Water Florida Inc. of Approved Rates, Docket No. 980214-WS, Dated: May 21, 1999. Said Affidavit is attached as Exhibit 1.

Dated this 20th day of May, 1999.

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

06714 JUN-18

FPSC-RECORDS/REGISTRATION

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that the original and seven copies of the Notice of Filing Affidavit have been furnished by Federal Express this 28th day of May, 1999, 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 Jennifer Brubaker, 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 28th day of May, 1999.



Attorney

AFFIDAVIT OF MAILING
NOTICE TO CUSTOMERS OF UNITED WATER FLORIDA INC.
OF APPROVED RATES AND
NOTICE TO INTERESTED PARTIES OF
APPROVAL OF NEW GUARANTEED REVENUE CHARGES
AND ALLOWANCE FOR FUNDS PRUDENTLY INVESTED CHARGES
BY THE FLORIDA PUBLIC SERVICE COMMISSION
FOR UNITED WATER FLORIDA INC.

STATE OF FLORIDA)
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, have personal knowledge of the facts set forth in this Affidavit, and I am fully competent to testify to the matters stated herein.

3. I caused copies of the Notice to Customers of United Water Florida Inc. of Approved Rates, Docket No. 980214-WS, Dated: May 21, 1999 ("Notice"), printed envelopes, and a list of the names and addresses of the customers of United Water Florida Inc. to be delivered to Alexander's Direct Mail Service.

4. That on May 21, 1999, I caused copies of the Notice to be mailed to the customers of United Water Florida Inc. as shown in the Affidavit of Richard C. Alexander attached hereto as Exhibit A.

5. That on May 21, 1999, I caused copies of Notice to Interested Parties of Approval of New Guaranteed Revenue Charges and Allowance for Funds Prudently Invested Charges by the Florida Public Service Commission for United Water Florida Inc., Docket No. 980214-WS, Dated: May 21, 1999, a copy of which is attached as Exhibit B, to be mailed to all persons who have a current developer's agreement with United Water Florida Inc. for property in the applicable service area (*i.e.*, property to be served by the Blacks Ford Wastewater Treatment Plant), and to all persons and entities who are not customers and have requested service from United Water Florida Inc. for property in the applicable service area (*i.e.*, property to be served by the Blacks Ford Wastewater Treatment Plant) within the past twelve (12) months.

FURTHER AFFIANT SAYETH NOT.

Gary R. Moseley
GARY R. MOSELEY

Sworn to and subscribed before me this 28th day of MAY, 1999, 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: 02/08/03
Commission No.: CC 807607

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

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

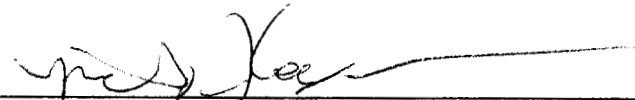
1. That he is a Vice President of Alexander's Direct Mail Service.

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

3. That he received on behalf of United Water Florida Inc. a copy of the Notice to Customers of United Water Florida Inc. of Approved Rates, Docket No. 980214-WS, Dated: May 21, 1999 ("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 Friday, May 21, 1999, he 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 _____, 1999, a copy of which is attached hereto as Schedule 2.

FURTHER AFFIANT SAYETH NOT.





RICHARD C. ALEXANDER
lu

Sworn to and subscribed before me this 27 day of May, 1999, by RICHARD C. ALEXANDER, who

() is personally known to me
(X) produced a Florida Driver's License
as identification # FDL A465743663450 99

KELLY J LANCASTER
My Commission CC506044
Expires Oct. 26, 1999

Notary Public, State of Florida
Printed: Kelly J. Lancaster
My Commission Expires: OCT 26, 1999
Commission No.: CC506044



KELLY J LANCASTER
My Commission CC506044
Expires Oct. 26, 1999

Notice to Customers of
United Water Florida Inc. of Approved Rates
Docket No. 980214-WS
Dated: May 21, 1999

Dear Customer:

On May 18, 1998, United Water Florida Inc. ("United Water Florida") filed an application with the Florida Public Service Commission ("Commission") for an increase in its water and wastewater rates in Duval, Nassau and St. Johns Counties, Florida. The rate increases are primarily due to capital investments that are being required to meet more stringent environmental regulations, rehabilitation of United Water Florida's water distribution and wastewater collection systems, and major enhancements to United Water Florida's water and wastewater treatment processes. The Staff of the Commission conducted customer meetings on September 9, 10, and 11, 1998. On March 12, 1999, the Commission issued a Notice of Proposed Agency Action Approving Increased Water and Wastewater Rates and Charges ("PAA Order").

A petition for a formal hearing on the PAA Order was filed with the Commission by the Office of Public Counsel ("OPC"). On May 4, 1999, the Commission adopted a Stipulation between OPC and United Water Florida and Withdrawal of Protest by OPC and established approved rates. A schedule showing United Water Florida's rates prior to the rate case (i.e., Present Rates), United Water Florida's requested rates, and the Commission's approved rates is set forth on the reverse side of this notice. The approved rates are effective for service rendered on or after May 21, 1999.

United Water Florida's customer service hours are Monday through Friday, 8:30 a.m. through 4:30 p.m. If you have any questions, please call United Water Florida at (904) 725-2865. You may also call the Commission's Division of Consumer Affairs at the following toll-free number: 1-800-342-3552.

This notice was approved by the Staff of the Commission.

WASTEWATER SERVICE RATES

Residential Service (Monthly Rates)

Water Meter Size	Present Rates Base Facility Charges*	Requested Rates Base Facility Charges*	Approved Rates Base Facility Charges
5/8"	\$ 11.34	\$ 13.23	\$ 12.14
3/4"	\$ 11.34	\$ 13.23	\$ 12.14
1"	\$ 11.34	\$ 13.23	\$ 12.14
1 1/2"	\$ 11.34	\$ 13.23	\$ 12.14
Unmetered account (No quantity charge)	\$ 36.21	\$ 42.21	\$ 37.46
Quantity Charge per 1,000 gallons	\$ 3.34	\$ 3.89	\$ 3.40
per 100 cubic feet (Maximum gallonage charge - 9,000 gallons of water or 1,200 cubic feet of water per month)	\$ 2.50	\$ 2.91	\$ 2.54

* Residential Service Rates are being converted to monthly rates from quarterly rates. The Base Facility Charges for Present Rates and Requested Rates are shown as monthly rates for comparison purposes.

General Service - Standard (Monthly Rates)

Water Meter Size	Present Rates Base Facility Charges	Requested Rates Base Facility Charges	Approved Rates Base Facility Charges
5/8"	\$ 12.92	\$ 15.13	\$ 12.14
3/4"	\$ 18.69	\$ 21.85	\$ 17.60
1"	\$ 33.16	\$ 38.71	\$ 31.20
1 1/2"	\$ 74.61	\$ 87.01	\$ 70.05
2"	\$ 132.64	\$ 154.62	\$ 124.50
3"	\$ 298.53	\$ 347.91	\$ 280.43
4"	\$ 530.57	\$ 618.18	\$ 498.47
6"	\$1,193.95	\$1,391.03	\$1,121.61
8"	\$2,122.13	\$2,472.36	\$1,981.10
Unmetered Accounts (No quantity charges)	\$ 37.76	\$ 43.99	\$ 37.41
Quantity Charge per 1,000 Gallons of water	\$ 4.01	\$ 4.67	\$ 4.08
per 100 cubic feet of water	\$ 3.00	\$ 3.49	\$ 3.05

General Service - Jacksonville University (Monthly)

Wastewater Meter Size	Present Rates Base Facility Charges	Requested Rates Base Facility Charges	Approved Rates Base Facility Charges
3"	\$ 298.53	\$ 347.91	\$ 280.43
4"	\$ 530.57	\$ 618.18	\$ 498.47
6"	\$1,193.95	\$1,391.03	\$1,121.61
Quantity Charge per 1,000 Gallons of wastewater flows	\$ 4.13	\$ 4.81	\$ 4.25

Reuse Water Service - Ponte Vedra Golf Course

Present Rates	Requested Rates	Approved Rates
\$ 0.00	\$ 0.00	\$ 0.00

WATER SERVICE RATES

Residential Service (Monthly Rates)

Meter Size	Present Rates Base Facility Charges*	Requested Rates Base Facility Charges*	Approved Rates Base Facility Charges
5/8"	\$ 5.80	\$ 7.03	\$ 7.56
3/4"	\$ 8.39	\$ 10.17	\$ 10.96
1"	\$ 14.88	\$ 18.04	\$ 19.43
1 1/2"	\$ 33.48	\$ 40.60	\$ 43.62
2"	\$ 59.51	\$ 72.18	\$ 77.57
Gallonage Charge per 1,000 Gallons	\$ 1.36	\$ 1.65	\$ 1.45
per 100 cubic feet	\$ 1.01	\$ 1.23	\$ 1.08

* Residential Service Rates are being converted to monthly rates from quarterly rates. The Base Facility Charges for Present Rates and Requested Rates are shown as monthly rates for comparison purposes.

General Service (Monthly Rates)

Meter Size	Present Rates Base Facility Charges	Requested Rates Base Facility Charges	Approved Rates Base Facility Charges
5/8"	\$ 8.08	\$ 9.66	\$ 7.56
3/4"	\$ 11.69	\$ 14.04	\$ 10.96
1"	\$ 20.74	\$ 25.01	\$ 19.43
1 1/2"	\$ 46.66	\$ 56.45	\$ 43.62
2"	\$ 82.94	\$ 100.45	\$ 77.57
3"	\$ 186.68	\$ 226.29	\$ 174.64
4"	\$ 331.78	\$ 402.27	\$ 310.41
6"	\$ 746.60	\$ 905.39	\$ 698.47
8"	\$1,327.01	\$1,609.53	\$1,241.43
10"	\$2,074.11	\$2,515.69	\$1,940.43
12"	\$2,986.40	\$3,622.20	\$2,793.87
Gallonage Charge per 1,000 Gallons	\$ 1.36	\$ 1.65	\$ 1.45
per 100 cubic feet	\$ 1.01	\$ 1.23	\$ 1.08

Private Fire Protection (Monthly Rates)

Size of Service Connection	Present Rates Monthly Rate Per Connection	Requested Rates Monthly Rate Per Connection	Approved Rates Monthly Rate Per Connection
2"	\$ 6.91	\$ 8.38	\$ 6.46
3"	\$ 15.56	\$ 18.86	\$ 14.55
4"	\$ 27.65	\$ 33.51	\$ 25.87
6"	\$ 62.22	\$ 75.42	\$ 58.21
8"	\$ 110.58	\$ 134.05	\$ 103.45
10"	\$ 172.84	\$ 209.52	\$ 161.70
12"	\$ 248.87	\$ 301.67	\$ 232.82

United States Postal Service
Postage Statement — Regular Standard Mail
Permit Imprint

Post Office Note Mail Arrival Time

Mailer Information Permit Holder's Name and Address Telephone (904)-443-7384 Alexander's Direct Mail Services, Inc. 4870 Victor Street Jacksonville FL 32207 CAPS Customer Ref. ID _____ Dun & Bradstreet No. _____	Name and Address of Mailing Agent (if other than permit holder) Telephone () - _____	Name and Address of Organization for Which Mailing Is Prepared (if other than permit holder) United Water Florida Inc. 1400 Millcoie Rd Jacksonville FL 32225 Dun & Bradstreet No. _____

Mailing Information Post Office of Mailing Jacksonville FL Mailing Date 5/21/99 Federal Agency Cost Code _____	Statement Sequence No. 5873 UNI36250.54 Receipt No. _____
Permit No. 842 Weight of a Single Piece 0.0625 pounds	Total Pieces 28,266 Total Weight 1,766.625
Prepared Under DMM (Check all that apply) <input type="checkbox"/> M610 (Letters, flats, parcels) <input type="checkbox"/> M610 (Upgradable letters) <input type="checkbox"/> M620 (ECR) <input type="checkbox"/> M810 (Automation letters) <input type="checkbox"/> M820 (Auto. flats)	Processing Category (DMM C050) <input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels
If Sacking, Based on <input type="checkbox"/> 125 Pcs. <input type="checkbox"/> 15 Lbs. <input type="checkbox"/> Both	Number of Containers (Fill in all that apply) 1' MM Trays 11 2' MM Trays 45 2' EMM Trays _____ Total Ltr. Trays 54 Flat Trays N/A Number of Sacks _____ Number of Pallets _____ Number of Other _____

For Automation Letters and Flats	Total From Part A (On reverse)	3,827.263
For Presorted Letters and Nonletters	Total From Part B (On reverse)	187.551
For Enhanced Carrier Route (ECR) Pieces	Sequencing Date	Total From Part C (On reverse)
For All Other Pieces	Total From Part D (On reverse)	0.000
For Residual Shape Surcharge	No. of Pieces	Fee per Pc.
		x \$.10
Postmaster: Report total postage in AIC 130.	Total Postage Due (Add lines above)	
		4,014.81
USPS: Additional Postage Payment (State reason. Add amount to line above)	\$	

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).

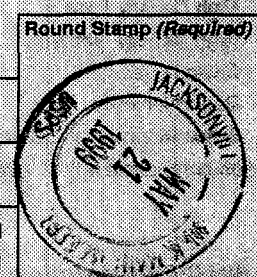
For Enclosed Reply Pieces (Automation rates only): I certify that any letter-size cards or envelopes enclosed in the pieces described above bear the correct facing identification mark (FIM) and barcode and meet automation compatibility standards in DMM C810.

For ZIP Codes (Presorted 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.

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, that the material presented qualifies for the rates of postage claimed, and that this mailing does not contain any hazardous materials prohibited by postal regulations.

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

Weight of a Single Piece 0 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 (if applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailer Notified 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.	
Verifying Employee's Signature Verifying Employee's Name Time	AM PM



Regular Standard Mail — Permit Imprint

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
A Automation Rates — Letters and Flats 3.3087 Oz. (.2068 Lb.) or Less				
None	5-Digit Letter	.160 x	_____ pcs. = \$	
	3-Digit Letter	.176 x	_____ pcs. = \$	
	Basic Letter	.183 x	484 pcs. = \$	88.572
	3/5 Flat	.203 x	_____ pcs. = \$	
	Basic Flat	.245 x	_____ pcs. = \$	
DBMC	5-Digit Letter	.144 x	_____ pcs. = \$	
	3-Digit Letter	.160 x	_____ pcs. = \$	
	Basic Letter	.167 x	_____ pcs. = \$	
	3/5 Flat	.187 x	_____ pcs. = \$	
DSCF	Basic Flat	.229 x	_____ pcs. = \$	
	5-Digit Letter	.139 x	26044 pcs. = \$	3,620.116
	3-Digit Letter	.155 x	765 pcs. = \$	118.575
	Basic Letter	.162 x	_____ pcs. = \$	
	3/5 Flat	.182 x	_____ pcs. = \$	
	Basic Flat	.224 x	_____ pcs. = \$	
Total — Part A (Carry to front of form)				\$ 3,827.263

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
C ECR Pieces 3.3062 Oz. (.2066 Lb.) or Less				
None	Saturation Letter	.130 x	_____ pcs. = \$	
	Saturation Nonletter	.140 x	_____ pcs. = \$	
	High Density Letter	.139 x	_____ pcs. = \$	
	High Density Nonletter	.151 x	_____ pcs. = \$	
	Basic Letter	.162 x	_____ pcs. = \$	
	Basic Nonletter	.162 x	_____ pcs. = \$	
	Basic Automation Letter*	.156 x	_____ pcs. = \$	
DBMC	Saturation Letter	.114 x	_____ pcs. = \$	
	Saturation Nonletter	.124 x	_____ pcs. = \$	
	High Density Letter	.123 x	_____ pcs. = \$	
	High Density Nonletter	.135 x	_____ pcs. = \$	
	Basic Letter	.146 x	_____ pcs. = \$	
	Basic Nonletter	.146 x	_____ pcs. = \$	
	Basic Automation Letter*	.140 x	_____ pcs. = \$	
DSCF	Saturation Letter	.109 x	_____ pcs. = \$	
	Saturation Nonletter	.119 x	_____ pcs. = \$	
	High Density Letter	.118 x	_____ pcs. = \$	
	High Density Nonletter	.130 x	_____ pcs. = \$	
	Basic Letter	.141 x	_____ pcs. = \$	
	Basic Nonletter	.141 x	_____ pcs. = \$	
	Basic Automation Letter*	.135 x	_____ pcs. = \$	
DDU	Saturation Letter	.104 x	_____ pcs. = \$	
	Saturation Nonletter	.114 x	_____ pcs. = \$	
	High Density Letter	.113 x	_____ pcs. = \$	
	High Density Nonletter	.125 x	_____ pcs. = \$	
	Basic Letter	.136 x	_____ pcs. = \$	
	Basic Nonletter	.136 x	_____ pcs. = \$	
	Basic Automation Letter*	.130 x	_____ pcs. = \$	

*Automation-compatible letters (DMM E640.2)

Total — Part C (Carry to front of form) \$ 0.000

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
B Presorted Pieces 3.3087 Oz. (.2068 Lb.) or Less				
None	3/5 Letter	.207 x	_____ pcs. = \$	
	3/5 Nonletter	.240 x	_____ pcs. = \$	
	Basic Letter	.235 x	53 pcs. = \$	12.455
	Basic Nonletter	.304 x	_____ pcs. = \$	
DBMC	3/5 Letter	.191 x	_____ pcs. = \$	
	3/5 Nonletter	.224 x	_____ pcs. = \$	
	Basic Letter	.219 x	_____ pcs. = \$	
DSCF	Basic Nonletter	.288 x	_____ pcs. = \$	
	3/5 Letter	.186 x	778 pcs. = \$	144.708
	3/5 Nonletter	.219 x	_____ pcs. = \$	
	Basic Letter	.214 x	142 pcs. = \$	30.388
	Basic Nonletter	.283 x	_____ pcs. = \$	
Total — Part B (Carry to front of form)				\$ 187.551

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
D Check <input type="checkbox"/> Pieces More Than 3.3087 Oz. (.2068 Lb.) One: <input type="checkbox"/> ECR Pieces More Than 3.3062 Oz. (.2066 Lb.)				
None	Saturation ECR	.003 x	_____ pcs. = \$	
	plus	.663 x	_____ lbs. = \$	
	High Density ECR	.014 x	_____ pcs. = \$	
	plus	.663 x	_____ lbs. = \$	
	Basic ECR	.025 x	_____ pcs. = \$	
	plus	.663 x	_____ lbs. = \$	
	3/5 Automation*	.063 x	_____ pcs. = \$	
	plus	.677 x	_____ lbs. = \$	
	3/5 Presorted	.100 x	_____ pcs. = \$	
	plus	.677 x	_____ lbs. = \$	
DBMC	Basic Automation*	.105 x	_____ pcs. = \$	
	plus	.677 x	_____ lbs. = \$	
	Basic Presorted	.164 x	_____ pcs. = \$	
	plus	.677 x	_____ lbs. = \$	
	Saturation ECR	.003 x	_____ pcs. = \$	
	plus	.584 x	_____ lbs. = \$	
	High Density ECR	.014 x	_____ pcs. = \$	
	plus	.584 x	_____ lbs. = \$	
	Basic ECR	.025 x	_____ pcs. = \$	
	plus	.584 x	_____ lbs. = \$	
DSCF	3/5 Automation*	.063 x	_____ pcs. = \$	
	plus	.598 x	_____ lbs. = \$	
	3/5 Presorted	.100 x	_____ pcs. = \$	
	plus	.598 x	_____ lbs. = \$	
	Basic Automation*	.105 x	_____ pcs. = \$	
	plus	.598 x	_____ lbs. = \$	
	Basic Presorted	.164 x	_____ pcs. = \$	
	plus	.598 x	_____ lbs. = \$	
	Saturation ECR	.003 x	_____ pcs. = \$	
	plus	.563 x	_____ lbs. = \$	
DDU	High Density ECR	.014 x	_____ pcs. = \$	
	plus	.563 x	_____ lbs. = \$	
	Basic ECR	.025 x	_____ pcs. = \$	
	plus	.563 x	_____ lbs. = \$	
	3/5 Automation*	.063 x	_____ pcs. = \$	
	plus	.577 x	_____ lbs. = \$	
	3/5 Presorted	.100 x	_____ pcs. = \$	
	plus	.577 x	_____ lbs. = \$	
	Basic Automation*	.105 x	_____ pcs. = \$	
	plus	.577 x	_____ lbs. = \$	
DDU	Basic Presorted	.164 x	_____ pcs. = \$	
	plus	.577 x	_____ lbs. = \$	
	Saturation ECR	.003 x	_____ pcs. = \$	
	plus	.537 x	_____ lbs. = \$	
	High Density ECR	.014 x	_____ pcs. = \$	
plus	.537 x	_____ lbs. = \$		
Basic ECR	.025 x	_____ pcs. = \$		
plus	.537 x	_____ lbs. = \$		

*Automation-compatible flats only (DMM C820)

Total — Part D (Carry to front of form) \$ 0.000

United States Postal Service
Postage Statement — Regular Standard Mail
Permit Imprint

Post Office Note Mail Arrival Time

5918

Mailer Information	Permit Holder's Name and Address Alexander's Direct Mail Services, Inc. 4870 Victor Street Jacksonville FL 32207	Telephone (904)-443-7384	Name and Address of Mailing Agent (if other than permit holder)	Telephone () - -	Name and Address of Organization for Which Mailing Is Prepared (if other than permit holder) United Water Florida Inc. 1400 Millcoe Rd Jacksonville FL 32225
	CAPS Customer Ref. ID	Dun & Bradstreet No.	Dun & Bradstreet No.	Dun & Bradstreet No.	

Mailing Information	Post Office of Mailing Jacksonville FL	Mailing Date SR/99	Federal Agency Cost Code	Statement Sequence No. 5918 UNI36269.41	Receipt No.
	Permit No. 842	Weight of a Single Piece 0.0625 pounds	Total Pieces 232	Total Weight 14.500	
Prepared Under DMM (Check all that apply)		Processing Category (DMM C050)		Number of Containers (Fill in all that apply)	
<input type="checkbox"/> M610 (Letters, flats, parcels) <input type="checkbox"/> M610 (Upgradable letters) <input type="checkbox"/> M620 (ECR) <input type="checkbox"/> M810 (Automation letters) <input type="checkbox"/> M820 (Auto. flats)		<input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels		1' MM Trays 6 2' MM Trays 2' EMM Trays Total Ltr. Trays 6 Flat Trays N/A Number of Sacks Number of Pallets Number of Other	
If Sacking, Based on <input type="checkbox"/> 125 Pcs. <input type="checkbox"/> 15 Lbs. <input type="checkbox"/> Both					

Postage Computation (DMM P013)	For Automation Letters and Flats	Total From Part A (On reverse)	34.260	
	For Presorted Letters and Nonletters	Total From Part B (On reverse)	2.782	
	For Enhanced Carrier Route (ECR) Pieces	Sequencing Date	Total From Part C (On reverse)	0.000
	For All Other Pieces		Total From Part D (On reverse)	0.000
	For Residual Shape Surcharge	No. of Pieces	Fee per Pc. x \$.10	0.000
	Postmaster: Report total postage in AIC 130.			Total Postage Due (Add lines above) →
USPS: Additional Postage Payment (State reason. Add amount to line above)			\$ →	

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).

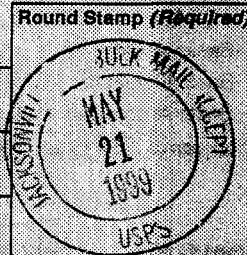
For Enclosed Reply Pieces (Automation rates only): I certify that any letter-size cards or envelopes enclosed in the pieces described above bear the correct facing identification mark (FIM) and barcode and meet automation compatibility standards in DMM C810.

For ZIP Codes (Presorted 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.

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, that the material presented qualifies for the rates of postage claimed, and that this mailing does not contain any hazardous materials prohibited by postal regulations.

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

USPS Use Only	Weight of a Single Piece 0 pounds	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Total Pieces	Total Weight	
	Total Postage		
	Check One (if applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailing Notified	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.			
Verifying Employee's Signature	Verifying Employee's Name	Time AM PM	



Regular Standard Mail — Permit Imprint

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
A Automation Rates — Letters and Flats 3.3087 Oz. (.2068 Lb.) or Less				
None	5-Digit Letter	.160 x	_____ pcs. = \$	
	3-Digit Letter	.176 x	_____ pcs. = \$	
	Basic Letter	.183 x	6 pcs. = \$	1.098
	3/5 Flat	.203 x	_____ pcs. = \$	
	Basic Flat	.245 x	_____ pcs. = \$	
DBMC	5-Digit Letter	.144 x	_____ pcs. = \$	
	3-Digit Letter	.160 x	_____ pcs. = \$	
	Basic Letter	.167 x	_____ pcs. = \$	
	3/5 Flat	.187 x	_____ pcs. = \$	
	Basic Flat	.229 x	_____ pcs. = \$	
DSCF	5-Digit Letter	.139 x	_____ pcs. = \$	
	3-Digit Letter	.155 x	192 pcs. = \$	29.760
	Basic Letter	.162 x	21 pcs. = \$	3.402
	3/5 Flat	.182 x	_____ pcs. = \$	
	Basic Flat	.224 x	_____ pcs. = \$	
Total — Part A (Carry to front of form)				\$ 34.260

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
C ECR Pieces 3.3062 Oz. (.2066 Lb.) or Less				
None	Saturation Letter	.130 x	_____ pcs. = \$	
	Saturation Nonletter	.140 x	_____ pcs. = \$	
	High Density Letter	.139 x	_____ pcs. = \$	
	High Density Nonletter	.151 x	_____ pcs. = \$	
	Basic Letter	.162 x	_____ pcs. = \$	
	Basic Nonletter	.162 x	_____ pcs. = \$	
	Basic Automation Letter*	.156 x	_____ pcs. = \$	
DBMC	Saturation Letter	.114 x	_____ pcs. = \$	
	Saturation Nonletter	.124 x	_____ pcs. = \$	
	High Density Letter	.123 x	_____ pcs. = \$	
	High Density Nonletter	.135 x	_____ pcs. = \$	
	Basic Letter	.146 x	_____ pcs. = \$	
	Basic Nonletter	.146 x	_____ pcs. = \$	
	Basic Automation Letter*	.140 x	_____ pcs. = \$	
DSCF	Saturation Letter	.109 x	_____ pcs. = \$	
	Saturation Nonletter	.119 x	_____ pcs. = \$	
	High Density Letter	.118 x	_____ pcs. = \$	
	High Density Nonletter	.130 x	_____ pcs. = \$	
	Basic Letter	.141 x	_____ pcs. = \$	
	Basic Nonletter	.141 x	_____ pcs. = \$	
	Basic Automation Letter*	.135 x	_____ pcs. = \$	
DDU	Saturation Letter	.104 x	_____ pcs. = \$	
	Saturation Nonletter	.114 x	_____ pcs. = \$	
	High Density Letter	.113 x	_____ pcs. = \$	
	High Density Nonletter	.125 x	_____ pcs. = \$	
	Basic Letter	.136 x	_____ pcs. = \$	
	Basic Nonletter	.136 x	_____ pcs. = \$	
	Basic Automation Letter*	.130 x	_____ pcs. = \$	
Total — Part C (Carry to front of form)				\$ 0.000

*Automation-compatible letters (DMM E640.2)

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
B Presorted Pieces 3.3087 Oz. (.2068 Lb.) or Less				
None	3/5 Letter	.207 x	_____ pcs. = \$	
	3/5 Nonletter	.240 x	_____ pcs. = \$	
	Basic Letter	.235 x	_____ pcs. = \$	
	Basic Nonletter	.304 x	_____ pcs. = \$	
DBMC	3/5 Letter	.191 x	_____ pcs. = \$	
	3/5 Nonletter	.224 x	_____ pcs. = \$	
	Basic Letter	.219 x	_____ pcs. = \$	
DSCF	3/5 Letter	.186 x	_____ pcs. = \$	
	3/5 Nonletter	.219 x	_____ pcs. = \$	
	Basic Letter	.214 x	13 pcs. = \$	2.782
Basic Nonletter	.283 x	_____ pcs. = \$		
Total — Part B (Carry to front of form)				\$ 2.782

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total	
D Check <input type="checkbox"/> Pieces More Than 3.3087 Oz. (.2068 Lb.) One: <input type="checkbox"/> ECR Pieces More Than 3.3062 Oz. (.2066 Lb.)					
None	Saturation ECR	.003 x	_____ pcs. = \$		
	plus	.663 x	_____ lbs. = \$		
	High Density ECR	.014 x	_____ pcs. = \$		
	plus	.663 x	_____ lbs. = \$		
	Basic ECR	.025 x	_____ pcs. = \$		
	plus	.663 x	_____ lbs. = \$		
	3/5 Automation*	.063 x	_____ pcs. = \$		
	plus	.677 x	_____ lbs. = \$		
	3/5 Presorted	.100 x	_____ pcs. = \$		
	plus	.677 x	_____ lbs. = \$		
	Basic Automation*	.105 x	_____ pcs. = \$		
	plus	.677 x	_____ lbs. = \$		
	Basic Presorted	.164 x	_____ pcs. = \$		
plus	.677 x	_____ lbs. = \$			
DBMC	Saturation ECR	.003 x	_____ pcs. = \$		
	plus	.584 x	_____ lbs. = \$		
	High Density ECR	.014 x	_____ pcs. = \$		
	plus	.584 x	_____ lbs. = \$		
	Basic ECR	.025 x	_____ pcs. = \$		
	plus	.584 x	_____ lbs. = \$		
	3/5 Automation*	.063 x	_____ pcs. = \$		
	plus	.598 x	_____ lbs. = \$		
	3/5 Presorted	.100 x	_____ pcs. = \$		
	plus	.598 x	_____ lbs. = \$		
	Basic Automation*	.105 x	_____ pcs. = \$		
	plus	.598 x	_____ lbs. = \$		
	Basic Presorted	.164 x	_____ pcs. = \$		
plus	.598 x	_____ lbs. = \$			
DSCF	Saturation ECR	.003 x	_____ pcs. = \$		
	plus	.563 x	_____ lbs. = \$		
	High Density ECR	.014 x	_____ pcs. = \$		
	plus	.563 x	_____ lbs. = \$		
	Basic ECR	.025 x	_____ pcs. = \$		
	plus	.563 x	_____ lbs. = \$		
	3/5 Automation*	.063 x	_____ pcs. = \$		
	plus	.577 x	_____ lbs. = \$		
	3/5 Presorted	.100 x	_____ pcs. = \$		
	plus	.577 x	_____ lbs. = \$		
	Basic Automation*	.105 x	_____ pcs. = \$		
	plus	.577 x	_____ lbs. = \$		
	Basic Presorted	.164 x	_____ pcs. = \$		
plus	.577 x	_____ lbs. = \$			
DDU	Saturation ECR	.003 x	_____ pcs. = \$		
	plus	.537 x	_____ lbs. = \$		
	High Density ECR	.014 x	_____ pcs. = \$		
	plus	.537 x	_____ lbs. = \$		
	Basic ECR	.025 x	_____ pcs. = \$		
	plus	.537 x	_____ lbs. = \$		
	Total — Part D (Carry to front of form)				\$ 0.000

*Automation-compatible flats only (DMM C820)

United States Postal Service
Postage Statement — Regular Standard Mail
Permit Imprint

Post Office Note Mail Arrival Time

5594

Customer's COPY

Mailer Information Permit Holder's Name and Address Telephone (904)-443-7384 Alexander's Direct Mail Services, Inc. 4870 Victor Street Jacksonville FL 32207 CAPS Customer Ref. ID _____ Dun & Bradstreet No. _____	Name and Address of Mailing Agent (If other than permit holder) Telephone (-) - _____ Dun & Bradstreet No. _____	Name and Address of Organization for Which Mailing Is Prepared (If other than permit holder) United Water Florida 1400 Millcoe Rd Jacksonville FL 32225 Dun & Bradstreet No. _____		
			Post Office of Mailing Jacksonville FL	Mailing Date 5/2/99

Mailing Information Permit No. 842 Prepared Under DMM (Check all that apply) <input type="checkbox"/> M610 (Letters, flats, parcels) <input type="checkbox"/> M610 (Upgradable letters) <input type="checkbox"/> M620 (ECR) <input type="checkbox"/> M810 (Automation letters) <input type="checkbox"/> M820 (Auto. flats)	Processing Category (DMM C050) <input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels	Total Pieces 212		Total Weight 13.250		
		Weight of a Single Piece 0.0625 pounds		1' MM Trays 6	2' MM Trays _____	2' EMM Trays _____
		If Sacking, Based on <input type="checkbox"/> 125 Pcs. <input type="checkbox"/> 15 Lbs. <input type="checkbox"/> Both		Flat Trays N/A	Number of Sacks _____	Number of Pallets _____

For Automation Letters and Flats	Total From Part A (On reverse)		31.541
For Presorted Letters and Nonletters	Total From Part B (On reverse)		2.140
For Enhanced Carrier Route (ECR) Pieces	Sequencing Date	Total From Part C (On reverse)	0.000
For All Other Pieces	Total From Part D (On reverse)		0.000
For Residual Shape Surcharge	No. of Pieces	Fee per Pc. x \$.10	0.000
Postmaster: Report total postage in AIC 130.			Total Postage Due (Add lines above) → 33.68
USPS: Additional Postage Payment (State reason. Add amount to line above)			\$ → _____

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).

For Enclosed Reply Pieces (Automation rates only): I certify that any letter-size cards or envelopes enclosed in the pieces described above bear the correct facing identification mark (FIM) and barcode and meet automation compatibility standards in DMM C810.

For ZIP Codes (Presorted 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.

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, that the material presented qualifies for the rates of postage claimed, and that this mailing does not contain any hazardous materials prohibited by postal regulations.

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

USPS Use Only	Weight of a Single Piece 0 pounds	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Total Pieces _____	If "Yes," Reason _____	
	Total Weight _____	Date Mailer Notified _____	
	Total Postage _____	Contact _____	By (Initials) _____
	Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled		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.
Verifying Employee's Signature _____	Verifying Employee's Name _____	Time _____ AM _____ PM	Round Stamp (Required) 

Regular Standard Mail — Permit Imprint

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
A Automation Rates — Letters and Flats 3.3087 Oz. (.2068 Lb.) or Less				
None	5-Digit Letter	.160 x _____	pcs. = \$ _____	
	3-Digit Letter	.176 x _____	pcs. = \$ _____	
	Basic Letter	.183 x _____	4 pcs. = \$ <u>0.732</u>	
	3/5 Flat	.203 x _____	pcs. = \$ _____	
	Basic Flat	.245 x _____	pcs. = \$ _____	
DBMC	5-Digit Letter	.144 x _____	pcs. = \$ _____	
	3-Digit Letter	.160 x _____	pcs. = \$ _____	
	Basic Letter	.167 x _____	pcs. = \$ _____	
	3/5 Flat	.187 x _____	pcs. = \$ _____	
DSCF	5-Digit Letter	.139 x _____	pcs. = \$ _____	
	3-Digit Letter	.155 x _____	181 pcs. = \$ <u>28.055</u>	
	Basic Letter	.162 x _____	17 pcs. = \$ <u>2.754</u>	
	3/5 Flat	.182 x _____	pcs. = \$ _____	
	Basic Flat	.224 x _____	pcs. = \$ _____	
Total — Part A (Carry to front of form)				\$ <u>31.541</u>

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
C ECR Pieces 3.3062 Oz. (.2066 Lb.) or Less				
None	Saturation Letter	.130 x _____	pcs. = \$ _____	
	Saturation Nonletter	.140 x _____	pcs. = \$ _____	
	High Density Letter	.139 x _____	pcs. = \$ _____	
	High Density Nonletter	.151 x _____	pcs. = \$ _____	
	Basic Letter	.162 x _____	pcs. = \$ _____	
	Basic Nonletter	.162 x _____	pcs. = \$ _____	
	Basic Automation Letter*	.156 x _____	pcs. = \$ _____	
DBMC	Saturation Letter	.114 x _____	pcs. = \$ _____	
	Saturation Nonletter	.124 x _____	pcs. = \$ _____	
	High Density Letter	.123 x _____	pcs. = \$ _____	
	High Density Nonletter	.135 x _____	pcs. = \$ _____	
	Basic Letter	.146 x _____	pcs. = \$ _____	
	Basic Nonletter	.146 x _____	pcs. = \$ _____	
DSCF	Saturation Letter	.109 x _____	pcs. = \$ _____	
	Saturation Nonletter	.119 x _____	pcs. = \$ _____	
	High Density Letter	.118 x _____	pcs. = \$ _____	
	High Density Nonletter	.130 x _____	pcs. = \$ _____	
DDU	Basic Letter	.141 x _____	pcs. = \$ _____	
	Basic Nonletter	.141 x _____	pcs. = \$ _____	
	Basic Automation Letter*	.135 x _____	pcs. = \$ _____	
	Saturation Letter	.104 x _____	pcs. = \$ _____	
None	Saturation Nonletter	.114 x _____	pcs. = \$ _____	
	High Density Letter	.113 x _____	pcs. = \$ _____	
	High Density Nonletter	.125 x _____	pcs. = \$ _____	
	Basic Letter	.136 x _____	pcs. = \$ _____	
	Basic Nonletter	.136 x _____	pcs. = \$ _____	
	Basic Automation Letter*	.130 x _____	pcs. = \$ _____	
Total — Part C (Carry to front of form)				\$ <u>0.000</u>

*Automation-compatible letters (DMM E640.2)

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
B Presorted Pieces 3.3087 Oz. (.2068 Lb.) or Less				
None	3/5 Letter	.207 x _____	pcs. = \$ _____	
	3/5 Nonletter	.240 x _____	pcs. = \$ _____	
	Basic Letter	.235 x _____	pcs. = \$ _____	
	Basic Nonletter	.304 x _____	pcs. = \$ _____	
DBMC	3/5 Letter	.191 x _____	pcs. = \$ _____	
	3/5 Nonletter	.224 x _____	pcs. = \$ _____	
	Basic Letter	.219 x _____	pcs. = \$ _____	
DSCF	Basic Nonletter	.288 x _____	pcs. = \$ _____	
	3/5 Letter	.186 x _____	pcs. = \$ _____	
	3/5 Nonletter	.219 x _____	pcs. = \$ _____	
	Basic Letter	.214 x _____	10 pcs. = \$ <u>2.140</u>	
	Basic Nonletter	.283 x _____	pcs. = \$ _____	
Total — Part B (Carry to front of form)				\$ <u>2.140</u>

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
D Check <input type="checkbox"/> Pieces More Than 3.3087 Oz. (.2068 Lb.) One: <input type="checkbox"/> ECR Pieces More Than 3.3062 Oz. (.2066 Lb.)				
None	Saturation ECR	.003 x _____	pcs. = \$ _____	
	plus	.663 x _____	lbs. = \$ _____	
	High Density ECR	.014 x _____	pcs. = \$ _____	
	plus	.663 x _____	lbs. = \$ _____	
	Basic ECR	.025 x _____	pcs. = \$ _____	
	plus	.663 x _____	lbs. = \$ _____	
	3/5 Automation*	.063 x _____	pcs. = \$ _____	
	plus	.677 x _____	lbs. = \$ _____	
	3/5 Presorted	.100 x _____	pcs. = \$ _____	
	plus	.677 x _____	lbs. = \$ _____	
DBMC	Basic Automation*	.105 x _____	pcs. = \$ _____	
	plus	.677 x _____	lbs. = \$ _____	
	Basic Presorted	.164 x _____	pcs. = \$ _____	
	plus	.677 x _____	lbs. = \$ _____	
	Saturation ECR	.003 x _____	pcs. = \$ _____	
	plus	.584 x _____	lbs. = \$ _____	
	High Density ECR	.014 x _____	pcs. = \$ _____	
	plus	.584 x _____	lbs. = \$ _____	
	Basic ECR	.025 x _____	pcs. = \$ _____	
	plus	.584 x _____	lbs. = \$ _____	
DSCF	3/5 Automation*	.063 x _____	pcs. = \$ _____	
	plus	.598 x _____	lbs. = \$ _____	
	3/5 Presorted	.100 x _____	pcs. = \$ _____	
	plus	.598 x _____	lbs. = \$ _____	
	Basic Automation*	.105 x _____	pcs. = \$ _____	
	plus	.598 x _____	lbs. = \$ _____	
	Basic Presorted	.164 x _____	pcs. = \$ _____	
	plus	.598 x _____	lbs. = \$ _____	
	Saturation ECR	.003 x _____	pcs. = \$ _____	
	plus	.563 x _____	lbs. = \$ _____	
DDU	High Density ECR	.014 x _____	pcs. = \$ _____	
	plus	.563 x _____	lbs. = \$ _____	
	Basic ECR	.025 x _____	pcs. = \$ _____	
	plus	.563 x _____	lbs. = \$ _____	
	3/5 Automation*	.063 x _____	pcs. = \$ _____	
	plus	.577 x _____	lbs. = \$ _____	
	3/5 Presorted	.100 x _____	pcs. = \$ _____	
	plus	.577 x _____	lbs. = \$ _____	
	Basic Automation*	.105 x _____	pcs. = \$ _____	
	plus	.577 x _____	lbs. = \$ _____	
None	Basic Presorted	.164 x _____	pcs. = \$ _____	
	plus	.577 x _____	lbs. = \$ _____	
	Saturation ECR	.003 x _____	pcs. = \$ _____	
	plus	.537 x _____	lbs. = \$ _____	
None	High Density ECR	.014 x _____	pcs. = \$ _____	
	plus	.537 x _____	lbs. = \$ _____	
	Basic ECR	.025 x _____	pcs. = \$ _____	
	plus	.537 x _____	lbs. = \$ _____	
Total — Part D (Carry to front of form)				\$ <u>0.000</u>

*Automation-compatible flats only (DMM C820)

**Notice to Interested Parties of Approval of
New Guaranteed Revenue Charges and
Allowance for Funds Prudently Invested Charges
by the Florida Public Service Commission
for United Water Florida Inc.
Docket No. 980214-WS
Dated: May 21, 1999**

Dear Interested Parties:

On May 18, 1998, United Water Florida Inc. ("United Water Florida") filed an application with the Florida Public Service Commission ("Commission") for an increase in its water and wastewater rates in Duval, Nassau and St. Johns Counties, Florida. The rate increases are primarily due to capital investments that are being required to meet more stringent environmental regulations, rehabilitation of United Water Florida's water distribution and wastewater collection systems, and major enhancements to United Water Florida's water and wastewater treatment processes. The Staff of the Commission conducted customer meetings on September 9, 10, and 11, 1998. On March 12, 1999, the Commission issued a Notice of Proposed Agency Action Approving Increased Water and Wastewater Rates and Charges ("PAA Order").

In the PAA Order, the Commission ordered that Guaranteed Revenue Charges and Allowance for Funds Prudently Invested ("AFPI") charges be collected from customers to be connected to United Water Florida's Blacks Ford Wastewater Treatment Plant. A petition for a formal hearing on the PAA Order was filed with the Commission by the Office of Public Counsel ("OPC"). On May 4, 1999, the Commission adopted a Stipulation between OPC and United Water Florida and Withdrawal of Protest by OPC and established Approved Rates. The AFPI Charges were not changed. The Guaranteed Revenue Charges are based on base facility charges and, accordingly, the Guaranteed Revenue Charge was reduced by the adoption of the Stipulation. The charges are effective on and after May 21, 1999. A schedule of the Guaranteed Revenue Charges and AFPI charges is set forth on the reverse side of this Notice.

United Water Florida's customer service hours are Monday through Friday, 8:30 a.m. through 4:30 p.m. If you have any questions, please call United Water Florida at (904) 725-2865. You may also call the Commission's Division of Consumer Affairs at the following toll-free number: 1-800-342-3552.

This notice was approved by the Staff of the Commission.

EXHIBIT B

Guaranteed Revenue Charges - Wastewater

Rates:

A monthly charge equal to the base facility charge for each size water meter as set forth below. If the water meter size is unknown, the base facility charge for a 5/8" by 3/4" meter shall be multiplied by the number of reserved ERCs (ERC - 280 GPD) to determine the monthly guaranteed revenue charge.

<u>Meter Size</u>	<u>Per Meter</u> <u>Per Month</u>
5/8"	\$ 12.14
3/4"	17.60
1"	31.20
1-1/2"	70.05
2"	124.56
3"	280.43
4"	498.47
6"	1,121.61
8"	1,981.10

Notes:

1. The number of remaining ERC's is 1,827.
2. When the number of remaining ERC's have connected, the charge will cease.

Allowance for Funds Prudently Invested - Wastewater

Charges:

A one-time charge based upon the month the customer pays the plant capacity charge.

Schedule of Charges:

	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
January	\$ 0	\$ 313	\$ 608	\$ 919	\$ 1,248
February	\$ 24	\$ 338	\$ 633	\$ 946	\$ 1,277
March	\$ 48	\$ 362	\$ 659	\$ 973	\$ 1,306
April	\$ 72	\$ 387	\$ 685	\$ 1,000	\$ 1,335
May	\$ 96	\$ 411	\$ 711	\$ 1,028	\$ 1,363
June	\$ 120	\$ 435	\$ 737	\$ 1,055	\$ 1,392
July	\$ 145	\$ 460	\$ 762	\$ 1,082	\$ 1,421
August	\$ 169	\$ 484	\$ 788	\$ 1,110	\$ 1,450
September	\$ 193	\$ 509	\$ 814	\$ 1,137	\$ 1,479
October	\$ 217	\$ 533	\$ 840	\$ 1,164	\$ 1,508
November	\$ 241	\$ 557	\$ 866	\$ 1,192	\$ 1,537
December	\$ 265	\$ 582	\$ 891	\$ 1,219	\$ 1,566

Notes:

1. The amounts indicated above are per ERC. (ERC - 280 gpd)
2. The number of remaining ERC's is 1,827.
3. If the number of remaining ERC's has not connected by December 31, 2003, the maximum charge of \$1,566 remains in effect after December 31, 2003.
4. When the number of remaining ERC's have connected, the charge will cease.