Steven L. Beshear Governor

Robert D. Vance, Secretary Environmental and Public Protection Cabinet

Larry R. Bond Commissioner Department of Public Protection



Commonwealth of Kentucky **Public Service Commission**211 Sower Blvd.
P.O. Box 615

Frankfort, Kentucky 40602-0615

Telephone: (502) 564-3940
Fax: (502) 564-3460
psc.ky.gov

Mark David Goss Chairman

> John W. Clay Vice Chairman

Caroline Pitt Clark Commissioner

February 20, 2008

PARTIES OF RECORD

Re: Case No. 2007-00199

Attached is a copy of the memorandum which is being filed in the record of the above-referenced case. If you have any comments you would like to make regarding the contents of the informal conference memorandum, please do so within five days of receipt of this letter. If you have any questions, please contact Virginia Gregg at 502/564-3940, Extension 407.

Sincerely

Beth O'Donnell Executive Director

Attachment



INTRA-AGENCY MEMORANDUM

KENTUCKY PUBLIC SERVICE COMMISSION

TO: Case File

FROM: Virginia Gregg

Staff Attorney

DATE: February 20, 2008

RE: Informal Conference of January 30, 2008

Case No. 2007-00199

An Adjustment of Rates of South Shore Water Works Co.

On January 30, 2008, an informal conference in this case was held in the Commission's offices in Frankfort, Kentucky. Present were:

R. Benjamin Crittenden South Shore Water Co. Joseph G. Hannah South Shore Water Co. Virginia Gregg Commission Staff Jason Green Commission Staff **Dennis Jones Commission Staff** Jack Kaninberg Commission Staff Preston Robards Commission Staff **Gerald Wuetcher** Commission Staff

David Spenard, Assistant Attorney General, participated in the conference by telephone. Commission Staff had requested the conference to discuss South Shore Water Co.'s ("South Shore") objections to the findings and recommendations contained in the Commission Staff's report on the proposed rate adjustment.

The participants reviewed the findings and recommendations of the Commission Staff and South Shore's objections to these findings. Prior to the conference, South Shore provided a list of additional adjustments to test year operations to reflect recent known and measurable changes in its operations that were not addressed in the Commission Staff report. (This list is attached.) The changes included a recent wage increase, increases in health insurance premiums, and pension coverage costs for an additional employee. Mr. Hannah provided South Shore's most recent invoice for health insurance, a copy of which is attached.

The participants also discussed at length the appropriate level of compensation for Mr. Hannah for purposes of determining South Shore's revenue requirement. Mr. Hannah asserted that, in light of his additional responsibilities, South Shore had avoided

Intra-Agency Memorandum February 20, 2008 Page 2

retaining an additional water treatment plant operator and had effectively reduced its expenses. These factors, he further asserted, support a higher level of allowed compensation for ratemaking purposes than Commission Staff had recommended. To assess the level of savings, Commission Staff requested that South Shore supply information regarding the salaries of water treatment plant operators in South Shore's geographical region. Mr. Crittenden supplied this information, a copy of which is attached, following the conference.

The participants then agreed that a stipulation should be prepared for submission to the Commission. This stipulation would address South Shore's objections and additional evidence presented since the issuance of Commission Staff's report.

The conference then adjourned.

Attachments

			*
Operating Income	Staff	Adjust	Adjusted Staff
Total Water Sales	\$525,243.00		525243
Penalty	9902		9902
Non-Recurring	6580		6580
Total Op. Income	\$541,725.00		\$541,725.00
Operating Expenses			
Wages	138426	4153	142579
Officer Wages	57742		96856
Health Insurance	59948		73403
Pension	2883		3895
Power Plant	45510		45510
Chemicals	13775		13775
M & S Expenses	41841		41841
Purchased Water	605		605
Accounting	2400		2400
Rental Expenses	16904		16904
Transportation Expense	10702		10702
Insurance Expenses	12828		12828
PSC Assessment	875		875
Depreciation	58169	3728	61897
Amortization Expenses	27291	1401	28692
Property Taxes	15035		15035
Payroll FICA taxes	15007	3310	18317
Unemployment Taxes	808		806
Workers Comp.	5253		5253
Total Expenses	\$526,000.00	i	\$592,173.00
Operating Income	\$15,725.00	ı	(\$50,448.00)
Other Income & Deduction	ons		
Jobbing Income	5176	;	5176
Interest Income	1236	,	1236
Other Income	383	}	383
Interest Expense	8747	1	8747
Total Other Inc. & Deductions	(\$1,951.00)	(\$1,951.00)
inc (Loss)Before Inc. Taxes	\$13,775.00)	(\$52,395.00)

Adjustments: See 11/8/07 SSWW response to Staff Report & Attachments

dated 1/28/2008

Known and Measurable Adjustments To Staff Report

•	Recommended	Effective 12/21/2007	Adjusted
	Staff Payroll	3% COLA	Payroll
Wages	\$138,426.00	\$142,579.00	\$142,579.00
Wages Officer	\$57,742.00	\$59,474.00	\$96,856.00 (a)
Total Payroll	\$196,168.00	\$202,053.00	\$239,435.00

Increase to Staff Recommended Payroll	239,435-196,168	\$43,267.00
	43,267x7.65%	\$3,310.00
Increase to Staff Recommended Pension		(b) \$1,012.00
Increase to Staff Recom, Health Ins.	73403-59,948	(c) \$13,455.00
Increase to Staff Dep. as filed 11/8/07		\$3,728.00
Rate Case Expense Legal paid 12/31/07	602.50/3	\$201.00
Est. additional Rate Case legal Expense	3,600/3	\$1,200.00
Total Adjusted Increase to Recommended S	Staff Report	\$66,173.00

(a) See 11/8/07 SSWW Response to Staff Report

(b) Pension qualified employees COLA x 1.75% effective 12/21/07 \$105.00 New full time employee pension qualified 1/1/0 15596 x 1.75% \$272.00

(c) Policy increase & spouce and new full time employee qualified 1/1/08 See attachments

Revenue Requirement

Operating Expenses	\$592,173.00
Divided by: Operating Ratio	88%
Subtotal	\$672,924.00
Less: Operating Expenses	\$592,173.00
Net Operating Income After Income Taxes	\$80,751.00
Multiplied by Staff Gross-Up Factor PSC 2003-004	1.6118633
Net Operating Income Before Income Taxes	\$130,160.00
Add: Operating Expenses	\$592,173.00
Other Income & deductions	\$1,951.00
Revenue Requirement	\$724,284.00
Less Operating Revenue	\$541,725.00
Revenue Increase	\$182,559.00

ATTACHMENT 2

United HealthCare Dept. CH 10151 600550151C0009 Palatine IL 60055-0151





Page:

1 of

0126473PBC0060601

SOUTH SHORE WATER CO JOE HANNAH PO BOX 485 SOUTH SHORE KY 41175-0000 Invoice No: C0012250211 Invoice Date: Jan 12, 2008 Customer No: 206639

Bill Group: 1



Account Summary

Previous Balance	\$5,587.40
Payments (-)	\$-5,587.40
Bill Group Adjustments (+/-)	\$0.00
Late Payment Charge (+)	\$0.00
Current Charges (+)	
0012266598	\$6,116.90
Current Adjustments (+/-)	
0012266740	\$529.50
Total Balance Due	\$6,646.40

Please Detach and Return the Portion Below with Remittance

Customer Name	Customer Number	Payment Due Date	INV #
SOUTH SHORE WATER CO	206639	Feb 01, 2008	C0012250211

Return payment stub to:

United HealthCare Insurance Company
Dept. CH 10151
Palatine IL 60055-0151

AMOUNT DUE

\$6,646.40

AMOUNT PAID

\$____

United HealthCare Dept. CH 10151 600550151C0009 Palatine IL 60055-0151





Page:

2 of 5

0126473PBC0060602

SOUTH SHORE WATER CO JOE HANNAH PO BOX 485 **SOUTH SHORE KY 41175-0000** Invoice No: 0012266598 Invoice Date: Jan 12, 2008 Customer No: 206639

Bill Group: 1

Coverage Pd: 02/01-02/29/2008 Due Date: Feb 01, 2008



Invoice Summary

Description	Employe Count		ıme	e Net Amour	nt
0280116-SOUTH SHORE WATER CO					
AD&D EMPLOYEE		6	\$0.0	00 \$3.6	30
CHOYC+		•	, , ,		
EMPLOYEE		1	\$0.0		
EMPLOYEE & FAMILY		4	\$0.0		
EMPLOYEE & SPOUSE		1	\$O . (00 \$916.	14
Life				no \$39.0	60
EMPLOYEE		_	\$0.0		
Subtotal ~ 0280116-SOUTH SHORE WATER CO	1	8 9	\$0.0	JU \$6,116.5	30
	TOTAL 1	8 5	90 \$0.0	96,116.9	90

Page:

3 of 5

0126473PBC0060602

SOUTH SHORE WATER CO JOE HANNAH PO BOX 485 SOUTH SHORE KY 41175-0000 Invoice No: 0012266598 Invoice Date: Jan 12, 2008 Customer No: 206639

Bill Group:

Coverage Pd: 02/01-02/29/2008 Due Date: Feb 01, 2008

Invoice Detail

Policy No.	Name Plan	ID Co	overage	Volume(000's)	Charge Amount
0280116	DAVIS, LLOYD W AD&D Life CHOYC+	XXXXX0296-00	E E ESC	15	\$0.60 \$6.60 \$949.86
0280116	HALL, DONALD G AD&D Life CHOYC+	XXXXX9152~00	E E ESC	15	\$0.60 \$6.60 \$1,052.97
0280116	HANNAH, JOSEPH GEORGE AD&D Life CHOYC+	XXXXX7402-00	E E ESC	15	\$0.60 \$6.60 \$1,681.42
0280116	PORTER, GEORGE M AD&D Lìfe CHOYC+	XXXXX0791-00	E E E	15	\$0.60 \$6.60 \$261.15
0280116	ROBBINS, CHERYL AD&D Life CHOYC+	XXXXX3660~00	E E ES	15	\$0.60 \$6.60 \$916.14
0280116	WARNOCK, STACI L AD&D Life CHDYC+	XXXXX929000	E E ESC	15	\$0.60 \$6.60 \$1,212.16
		то	TAL		\$6,116.90

PLEASE VISIT EMPLOYER ESERVICES AT WWW.EMPLOYERESERVICES.COM TO perform real-time eligibility transactions, view and pay your invoices, request ID cards and more!

Employee and dependent information contained in this report is based on the most current information provided by the Employer, acting as Plan Sponsor and/or Plan Administrator (the organization which established the employee welfare plan for its employees) to the Company (a division of UnitedHealth Group contractually administering claims on behalf of the Employer). Changes to employees and dependent information are the responsibility of the Employer, acting as Plan Sponsor and/or Plan Administrator, and must be submitted to the Company on a timely basis. Please do not submit employee changes by noting them on this invoice. This address is used for payment purposes only and written instructions sent to this address will not be processed.

Please contact your Billing/Accounts Receivable Representative if you have any questions. Thank you.1-888-842-4571

This invoice covers eligibility charges from the following entities: United HealthCare Insurance Company

Page:

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5

0126473PBC0060603 SOUTH SHORE WATER CO

JOE HANNAH PO BOX 485

SOUTH SHORE KY 41175-0000

Invoice No: 0012266598 Invoice Date: Jan 12, 2008 Customer No: 206639

Bill Group: 1

Coverage Pd: 02/01-02/29/2008 Due Date: Feb 01, 2008 Commence of the commence of th

Invoice Detail

Policy No.

Name Plan ID

Coverage

Volume(000's)

Charge Amount

The amounts listed on this invoice are based, in part, on the age and/or gender of each covered employee and spouse (where applicable), and are provided solely for internal billing purposes. You are solely responsible for establishing the contribution practices for your employees. Federal, State, and local laws may prohibit you from charging different contribution amounts based on an employee's gender or other protected class status.

United HealthCare Dept. CH 10151 600550151C0009 Palatine IL 60055-0151



Page:

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5

0126473PBC0060603

SOUTH SHORE WATER CO JOE HANNAH PO BOX 485 SOUTH SHORE KY 41175-0000 Invoice No: 0012266740 Invoice Date: Jan 12, 2008 Customer No: 206639

Bill Group: 1

Coverage Pd: 01/01-01/31/2008 Due Date: Feb 01, 2008

Adjustment Invoice Detail

Policy No. Name	Dia	σı			Chahua	Saltranton and Superior
Charge Period	Plan		Coverage	volume(uuurs)	Status	Adjustment Amoun
0280116 POLLITT,		XXXXX9290~00				
12/01-12/31/2007	CHOICE-PLUS		EC		Chg	\$ -856.50
01/01-01/31/2008	CHOYC+		EC		Chg	\$ -951.01
0280116 PORTER, 6	GEORGE M	XXXXX0791-00				
01/01-01/31/2008	AD&D		Ε		Add	\$0.60
01/01-01/31/2008	Life		E	15	Add	\$6.60
01/01-01/31/2008	CHOYC+		E		Add	\$261.15
0280116 WARNOCK,	STACI L	XXXXX9290-00				
12/01-12/31/2007	CHOYC+		EC		Chg	\$856.50
01/01-01/31/2008	CHDYC+		ESC		Chg	\$1,212.16
:			TOTAL.			\$529.50

PLEASE VISIT EMPLOYER ESERVICES AT WWW.EMPLOYERESERVICES.COM TO perform real-time eligibility transactions, view and pay your invoices, request ID cards and more!

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<u>Contract Labor</u> Gregory Hall 408-37-0147 8 hr @ 7.28 = \$ 58,24

Social Medicare Withholding

547.24 127.98 472.07 \$ 1,147.29

Approval Number Aprroval Date

Taxpayer ID# 610517086 Pin # 2935

Phone # 1-800-555-3453

Contract Labor agory Hall 403-37-0147 naild Furner 406-29-3139 bby Porter ward Holman 263-55-9786 ce Hannah	ward W Holman 263-55-9788 Single 0 Exemption Igory Hall 403-37-0147 Single 0 Exemption = Student naid E Furner 408-29-3139 Single 1 Exemption Child Supont \$ 51.87 wk if worked th Gleason 405-31-5767 Single 0 Exemption te Porter 406-11-0791 Single 0 Exemption	aeld Greg Heil 408-96-9152 Married 1 Exemption yd William Davis 264-55-0296 Married 1 Exemption	aryi A Robbins 284-72-3660 Married 1 Exemption cl L Warmock 401-02-9290 Married 0 Exemption	Married 0 Exemption a L. Honnah 271-75-5942 Married 0 Exemption rvor Moore 286-28-3496 Single 0 Exemption	Name Name
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517,44 121,02 429,10 \$ 1,057,58 #941 #Dec 2007 #1057,56 #Dec 12, 2007 #00376538 #Dec 12, 2007	291.20 4172.64	30 758.80 00 498.20	464.00 377.60	53.05	Gross . So
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	3 228.62 3 3161.61			48.68 353.60	Net Pay 1245.30

Contract Labor regory Hall 403-37-0147 onald Furner 406-29-3139 obby Porter dward Holman 283-66-9788 rice Hanneh	Single O Exempluoi	Single 1 Exemption Child Support S 51.87 wk if worked ach Gleason 406.31.5767 Single 0 Exemption like Porter 406.11.0791	regory Hell 403-37-0147 Single 0 Exemption = Student onald E Furner 408-29-3139	dward W Holman 263-55-9788 Single 0 Exemption	loyd William Davis 264-55-0286 Married 1 Exemption	onald Greg Hall 408-98-9152	Married 0 Exemption	heryl A Robbins 284-72-3660 Married 1 Exemption taci L Warnock 401-02-9280	Single 0 Examption	eorge of national accomplion Married O Exemption sa L. Hannah 271-76-5942 Married O Exemption enver Moore 286-28-3486		
		co co co			100 80 80 80	<u>70</u> 8 8 7.5 8 8		<u>0</u> 8.5 8 8.5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	,			Vac. Mon Tue Wad Thur 'Fri 'Sat Sun Reg Vac OT
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Taxpayer II Pin # 2835 Phone # 1		7.28 7.28	7.28	7.28 (17.60	į	9.44	11.60	8.19 10.61	20.74	Rate
Social Medicare Withholding Approval Number Approval Date Taxpayer ID# 610517056 Pin # 2835 Phone # 1-800-555-3453				7.28 Contract Labor		433,20					829.60	
umber ale 6				9 5		48.75					902.19	
512.82 119.96 423.10 \$ 1,055.88 #00513176 #Dec 19, 2007 #941 #Dec 2007 #1055.88 #Dec 19, 2007	4135.42	291.20				481.95	704.00	377.60	464.00	84.88	1731.79	Gross
107	2 255,41	18.06				29.88	43.65	23.42	28.77	5.26	107.37	Soc.Sec. 1
	59.98	4.23				6.99	10.21	5,48	6.73	1.23	25.11	Medicare · US Withh 1.45% Tax
	423.10	29.00				27.00	58.00	22,00	25.00	3.00	259.10	
	179.77	11.29				22.01	34.69	15.93	0.00	0.94	94.91	State De Tax
	30.00 0.00						30.00		0.00			Deduction Deduction Dec
	949.26 949.26	62.58				85.88	176.55	00,00	60.50	10.43	485.49	
	3186,16 3186,16	228.62				396.07	527.45		403.50	74.45	1240.00	Net Pay

Contract Labor Igory Hall 403-37-0147 nald Furner 406-29-3139 bby Porter ward Holman 263-65-9788	Child Suppole 55.137 kif worked the Gleason 405-31-5767 in Gleason 405-31-5767 is Single 0 Exemption to Porter 405-1-1-0751 Single 0 Exemption	ward W Holman 263.65.9788 Single 0 Exemption 190ny Hall 403.37.0147 Single 0 Exemption = Student natd E Furner 405.29.2139 Single 1 Exemption	nald Greg Hall 406-96-9152 Married 1 Exemption .yd William Davis 264-65-0286 Married 1 Exemption	eryl A Robbins 284-72-3660 Married 1 Exemption Id L Warnock 401-02-9250 Married 0 Exemption	Merried 0 Exemption a. L. Hannath 271-76-5942 Married 0 Exemption nver Moore 286-28-3486 Single 0 Exemption	Name orge J Hannah 403-66-7402
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#35190 #3180 553.80 129.56 421.04 390.10 5 1,090.02 5 1,073.45 #35190 #3163.48 #First & Peoples Bank #everybody closed on Tuesday Christmas	300.00 18.60 4241.53 282.98		725.20 44.95 92 512.92 31.80	478.00 29.64 388.80 24.11	63.05 3.29	Gross Soc.Sec. 6.20% 1783.56 110.58
553.80 129.56 390.10 5 1.073.46 saday Christmas	4.35		10.52 6: 7.44 3	5.64 2:	0.77	Medicare US Withh 1,48% Tax 25.86 272.04
1079.76 252.58 831.14 2163.48	29.00 11.29 441.04 185.67		61.00 35.85 30.00 23.67	26.00 0.00 23.00 16.51	0.00 0.34	State Tax 98.01
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	63.24 : 981.20 3		182.33 5 92.91 4			Total N Deduction Pa 506.49 12
	236.76 3260.33 3260.33		542.87 420.01	415.43 319.54	4B.65	Net Pay 1277.07

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	e Hannah	iny Porter	17:001	iald Furner 406-29-3139	gory Hall 403-37-0147	Contract Labor		Single 0 Exemption e Porter 406-11-0791 Single 0 Exemption	Child Support \$ 51.87 wk if worked h Gleason 405-31-5767	Single 0 Exemption = Student set of Exemption = Student set of Exemption	Single 0 Exemption gory Hall 403-37-0147	vard W Holman 263-65-9788	Married 1 Exemption yd William Davis 264-56-0286 Married 1 Exemption	nald Greg Hall 406-96-9152	Married 7 Exemption of L Warrock 401-02-9290 Married 0 Exemption	ıryi A Robbins 284-72-3660	Merried 0 Exemption wer Moore 286-28-3486 Single 0 Exemption	Married 0 Exemption s L. Hannah 271-76-5942	orge J Hannah 403-66-7402	Name .
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one # 14	Taxpayer II Þin # 2935							7.28	7.28	7.28	7.28	7.28	10.83	17.60	9,44	11.60	10.61	8.19	20.74	Rate
Phone # 1-800-555-3453	Taxpayer ID# 610517066 Pin # 2936	Aprrovel Date	Approval Numbar		Medicare	Social Social					7.28 Contract Labor	7.28 Contract Labor							829.60	
			면,				D 1												902.19	
				\$ 1,073.48	129.56	553.80	4485.79	291.20					433.20	704.00	377.60	928.00			1731.79	Gross &
							276.90	18,06					26.86	43.65	23.42	57.54			107.37	Soc.Sec. A
							64.78	4.23					6.29	10.21	5.48	13.46			25.11	Medicare US Withh 1.45% Tax
							390.10	29.00					22.00	58.00	22.00	0.00			259.10	
							175.85	11.28					19.03	34.69	15.93	0.00			94.91	State De Tax
							30.00 0.00							30.00		0.00				Deduction Deduction
						9	937.63	62,58					74.18	176.55	66.83	71.00			486,49	Total Deduction
							3528.16	228.62					359.02	527.45	310.77	857.00			1245.30	Net Pay

Christmas

2007

Contract Labor 190ry Hall 403-37-0147 2945 (24 hr) @ 7.28 = 174.72 181d Furner 408-29-3139 3by Porter Ward Holman 263-56-9788 56 Hannah	Single 0 Exemption :0 Porter 406-11-0791 Single 0 Exemption	Igory Heil 403-37-0147 Single 0 Exemption = Student natd E Furner 405-29-3139 Single 1 Exemption Child Support \$ 51.67 wk if worked th Gleason 405-31-5767	ward W Holman 263-55-9788 Single 0 Exemption	Married 1 Exemption yd William Davis 264-56-0296 Married 1 Exemption	11 Oct 401 AR 08 9459	Married 1 Exemption ci L Warnock 401-02-9290 Married 0 Exemption	A Bobbine 284 72.3660	Merried 0 Exemption a.L. Hannah 271-76-5942 Married 0 Exemption 1ver Moore 286-26-3486 Single 0 Exemption	orge J Hannah 403-66-7402	Name
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Social Medicare Withholding Approval Number Approval Date Taxpayer ID# 610517086 Pin # 2935 Phone # 1-800-555-3453	7.50	7.28	7.28 Contract Labor 7.28 Contract Labor	11.15 446.00 66.92	18.13	9.72	11.95	B.44 10.51	21.36 854.40 929.16	Rate
525.96 123.02 441.04 5 1,080.02	300.00 4241.53			92 512.92	725.20	388.80	478.00	53.05	1783.56	Gross S
	18.60 262.98			31.80	44.96	24.11	29.64	3.29	110.58	Soc.Sec. 1
	61.51			7.44	10.52	5.64	6.93	0.77	25.86	Medicare U
	441.04	3		30.00	61.00	23.00	28.00	0.00	272.04	US Withh Tax
	185.67	1		23.67	35.65	16.51	0.00	0.34	98.01	State D Tax
	30,00 0.00				30,00		0.00			Deduction Deduction
	981.20 981.20	63.24			182.33		62.57	4,40	000,40	Total Deduction
	3260.33 3260.33	236.76			542.B/ 420.01		415.43 319.54	48.65	227	Net Pay

Contract Labor agory Hail 403-37-0-147 agory Hail 403-37-0-147 and Furner 405-29-3/39 bby Porter bby Porter ward Holman 283-55-9788 oe Hannath	Single 0 Examption agory Hall 403-37-0147 Single 0 Examption - Student neld E Furner 406-29-3138 Single 1 Examption Child Support 5 61.87 w.kf worked th Gleason 406-31-6767 Single 0 Examption (e Porter 406-11-0791 Single 0 Examption	naid Greg Hall 405-36-3162 Married 1 Exemption yd William Davis 584-55-0286 Merried 1 Exemption Merried 1 Exemption	eryl A Robbins 284-72-2660 Married 1 Examption Icl L Pollitt 401-02-9250 Single 1 Examption	Name Vac. Mon Time Orge J Hannah 403-66-7402 Married 0 Examption a L. Hannah 271-75-8942 Married 0 Examption nver Moore 265-26-3466 Single 0 Examption
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Social Medicare Wilhholding Approval Number Aprroval Date Aprayar ID# 610517066 Pin # 2935	3 3 3	ase St.		
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1317.99	0.00 0.00 0.00 91.38	224.14 151.23 0.00	174,36 118,48	Soc.Sec. 1 5.20% 543.27 0.00
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909.66	0.00 0.00 0.00	178.76 110.97	0.00 80.81	State D Tax 480.75 0.00
200.00	0.00 0.00 0.00	150.00 0.00 0.00	50.00 0.00	Deduction Deduction 0.00 0.00 0.00 0.00 0.00 0.00
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4860.32 4860.32	0.00 0.00 0.00 0.00	909.32 434.58 0.00	367.14 339.01	Total Net Deduction Pay 2472.45 6290 0.90 0 23.50 220
16396.59 16396.59	0.00 0.00 0.00 1159.38	2705.88 2004.61 0.00	2444.86 1571.39	Net Pay 6290.04 0.00 220.43

Total for December 21256,91 1317.99 308.29 2124,38 909,66 200.00 60.51 429.10 59.98 423.10 64.78 390.10 61.51 441.04 61.51 441.04 308.29 2124.38 80.00 30.00 30.00 30.00 30.00 200.00 0.00 0.00

4860.32 16396,59

Gregg, Virginia W (PSC)

From: Crittenden, R. Ben [BCrittenden@stites.com]

Sent: Thursday, January 31, 2008 10:19 AM

To: Gregg, Virginia W (PSC); Wuetcher, Jerry (PSC)

Cc: Spenard, David (KYOAG)

Subject: South Shore Water Works - Operator Wages

Virginia and Jerry,

Below is a list of the wages being paid to operators with less than one year of service at other water companies. In compiling the list, we attempted to focus on companies located in the same region, with whom South Shore might have to compete in the labor market. All wages listed below are hourly.

Greenup Water - \$14.70 (100% of health insurance paid by Greenup Water) Portsmouth (Ohio) Water - \$16.41 Grayson Water - \$19.38 Vanceburg Water - \$19.76

Please call me if you require any additional information from South Shore.

Ben

R. Benjamin Crittenden Stites & Harbison, PLLC 421 West Main Street P.O. Box 634 Frankfort, KY 40602-0634 Direct Dial: (502) 209-1216 Fax: (502) 223-4388 bcrittenden@stites.com

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