



FRIEDMAN,
FRIEDMAN & LONG, P.A.
ATTORNEYS & COUNSELORS

December 2, 2014

E-FILED

Carlotta S. Stauffer, Commission Clerk
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: Docket No. 140135-WS - Application for increase in water and wastewater rates in
Pasco County by Labrador Utilities, Inc.
Our File No. 30057.216

Dear Ms. Stauffer:

The following are Labrador Utilities, Inc.'s ("Company") responses to the Staff's
Deficiencies Request dated December 1, 2014:

1. Rule 25-30.440(4), Florida Administrative Code (F.A.C.) requires all water
and wastewater plant operations reports for the test year and the proceeding year. In our
review of the Discharge Monitoring Reports, we found that January 2013 was missing
three pages. Please provide the missing pages for the January 2013 Discharge Monitoring
Report.

Response: Attached hereto is the January 2013 Discharge Monitoring Report that
was inadvertently omitted from the prior response.

Please feel free to contact me if you have any questions or concerns.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Martin S. Friedman", written over a white background.

MARTIN S. FRIEDMAN
For the Firm

MSF/der
Enclosures

cc: Kyesha Mapp, Esquire (via e-mail)
Penny Buys (via email)
Steve Reilly (via email)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, 13051 North Telecom Parkway, Temple Terrace, FL 33637-0926

PERMITTEE NAME: Labrador Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 pcflynn@uiwater.com

PERMIT NUMBER: FLA012801

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Forest Lake Estates WWTF
 LOCATION: 14311 Paquette Way
 Zephyrhills, FL 33540

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Restricted Access Sprayfield (R-001), including Influent

COUNTY: Pasco

NO DISCHARGE to R-001:
 MONITORING PERIOD From
 : January 1, 2013 To: January 31, 2013

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to R-001	Sample Measurement	.054260								
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.216 (AADF)		MGD					Monthly	Calculation
Flow, to R-001	Sample Measurement	.061569								
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.43					
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.60	5.2				
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-Hour FPC
Solids, Total Suspended	Sample Measurement				1.51					
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				3.30	5.6				
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-Hour FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert Buono			2013/2/26

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Five day Avg was due to in coming power problems

DISCHARGE MONITORING REPORT - PART A (Continued)

 FACILITY: Forest Lake Estates WWTF
 COUNTY: Pasco

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA012801

MONITORING PERIOD From:

January 1, 2013

To: January 31, 2013

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.58				
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)		SU	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.0				
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (An. Avg.)		#/100ML	Monthly	Calculation
Coliform, Fecal	Sample Measurement			1.0				
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean)		#/100ML	Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			1.4				
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)		MG/L	5 Days/Week	Grab
Nitrogen, Total (as N)	Sample Measurement						15	
PARM Code 00600 A Mon. Site No. EFA-01	Permit Requirement					mg/L	Monthly	8-Hour FPC
Phosphorus, Total (as P)	Sample Measurement						2.1	
PARM Code 00665 A Mon. Site No. EFA-01	Permit Requirement					mg/L	Monthly	8-Hour FPC
Flow, Total Plant	Sample Measurement	.055720						
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.216 (3MRADF)	MGD				Monthly	Calculation
Percent Capacity, (3MRADF/Permitted Capacity) x 100	Sample Measurement			25.8%				
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement			Report		%	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			400				
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report		MG/L	Monthly	8-Hour FPC
Solids, Total Suspended	Sample Measurement			560				
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report		MG/L	Monthly	8-Hour FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Forest Lake Estates WWTF
 COUNTY: Pasco

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: January 1, 2013
 To: January 31, 2013

PERMIT NUMBER: FLA012801

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred to BTF)	Sample Measurement		23,669	1.48							
PARM Code B0007 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo. Total)	dry tons						Monthly	Calculation
Biosolids Quantity (Landfilled)	Sample Measurement										
PARM Code B0008 + Mon. Site No. RMP-2	Permit Requirement		Report (Mo. Total)	dry tons						Monthly	Calculation

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012801

Labrador/Forest Lake Estates WWTF

Monitoring Period From January 1, 2013

To January 31, 2013

Pasco

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (SU)	TRC (For Disinfect.) (mg/L)	Notes
Code	50050.000000	80082	530.0	74055	00406	50060	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.057600				7.82	2.60	
2	0.057300				7.93	5.10	
3	0.068200				7.97	6.00	
4	0.072400				7.91	4.50	
5	0.056450				7.90	1.40	
6	0.056450						
7	0.049901				7.96	3.20	
8	0.052381	2.0	1.0	1.0	7.84	2.80	Inf CBOD 400 & T.S.S 560
9	0.062980				7.92	7.00	T.N 15 & T.P2.1
10	0.073800				7.87	3.40	
11	0.059400				8.02	2.50	
12	0.059750				8.00	2.60	
13	0.059750						
14	0.062200				7.58	6.10	
15	0.058800				7.65	6.20	
16	0.058000				7.84	5.10	
17	0.067300				7.74	5.7	
18	0.082800				7.85	6.30	
19	0.051050				7.79	1.60	
20	0.051050						
21	0.072800				7.78	2.60	
22	0.070600	5.2	5.6	1.0	7.86	2.40	
23	0.058700				7.82	2.00	
24	0.041600				7.91	3.50	
25	0.085200				7.92	7.80	
26	0.049700				7.90	4.20	
27	0.049700						
28	0.063500				7.95	4.40	
29	0.061400				8.13	3.90	
30	0.066000				8.10	3.70	
31	0.073300				8.05	3.30	
Total	1.910062	7.200	6.600	2.000			
Mo. Avg.	0.061615	3.60	3.30	1.00			

PLANT STAFFING:

Day shift Operator

Class: B

Certificate No

Name:

Class: A

Certificate No: 9151

Name: Lee Neal

Class: C

Certificate No:

8045 Name: Dave Shottstall

Class: C

Certificate No:

Name:

Night Shift Operator

Class: _____

Certificate No: _____

Name: _____

Lead Operator

Class: _____

Certificate No: 13840

Name: Rob Buono