

**CLASS "C"**  
**WATER AND/OR WASTEWATER UTILITIES**  
(Gross Revenue of Less Than \$200,000 Each)

***ANNUAL REPORT***

OF

FIRST COAST REGIONAL UTILITIES, INC.  
Exact Legal Name of Respondent

WS980-AR  
Certificate Number(s)

*Submitted To The*

***STATE OF FLORIDA***

***PUBLIC SERVICE COMMISSION***

FOR THE

**YEAR ENDED DECEMBER 31, 2023**

## GENERAL INSTRUCTIONS

1. Prepare this report in conformity with the 1996 National Association of Regulatory Utility Commissioners (NARUC) Uniform System of Accounts for Water and Wastewater Utilities as adopted by Rule 25-30.115 (1), Florida Administrative Code.
2. Interpret all accounting words and phrases in accordance with the Uniform System of Accounts (USOA). Commission Rules and the definitions on next page.
3. Complete each question fully and accurately, even if it has been answered in a previous annual report. Enter the word "None" where it truly and completely states the fact.
4. For any question, section, or page which is not applicable to the respondent enter the words "Not Applicable." Do not omit any pages.
5. Where dates are called for, the month and day should be stated as well as the year.
6. All schedules requiring dollar entries should be rounded to the nearest dollar.
7. Complete this report by means which result in a permanent record. You may use permanent ink or a typewriter. Do not use a pencil.
8. If there is not enough room on any schedule, an additional page or pages may be added provided the format of the added schedule matches the format of the schedule in the report. Additional pages should reference the appropriate schedules, state the name of the utility, and state the year of the report.
9. If it is necessary or desirable to insert additional statements for the purpose of further explanation of schedules, such statements should be made at the bottom of the page or on an additional page. Any additional pages should state the name of the utility and the year of the report, and reference the appropriate schedule.
10. The utility shall file the original and two copies of the report with the Commission at the address below, and keep a copy for itself. Pursuant to Rule 25-30.110 (3), Florida Administrative Code, the utility must submit the report by March 31 for the preceeding year ending December 31.

Florida Public Service Commission  
Division of Accounting and Finance  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

11. Pursuant to Rule 25-30.110 (7) (a), Florida Administrative Code, any utility that fails to file its annual report or extension on or before March 31, or within the time specified by any extension approved in writing by the Division of Accounting and Finance, shall be subject to a penalty. The penalty shall be based on the number of calendar days elapsed from March 31, or from an approved extended filing date, until the date of filing. The date of filing shall be included in the days elapsed.

## GENERAL DEFINITIONS

**ADVANCES FOR CONSTRUCTION** - This account shall include advances by or in behalf of customers for construction which are to be refunded either wholly or in part. (USOA)

**ALLOWANCE FOR FUNDS USED DURING CONSTRUCTION ( AFUDC )** - This account shall include concurrent credits for allowance for funds used during construction based upon the net cost of funds used for construction purposes and a reasonable rate upon other funds when so used. Appropriate regulatory approval shall be obtained for "a reasonable rate". (USOA)

**AMORTIZATION** - The gradual extinguishment of an amount in an account by distributing such amount over a fixed period, over the life of the asset or liability to which it applies, or over the period during which it is anticipated the benefit will be realized. (USOA)

**CONTRIBUTIONS IN AID OF CONSTRUCTION ( CIAC )** - Any amount or item of money, services, or property received by a utility, from any person or governmental agency, any portion of which is provided at no cost to the utility, which represents an addition or transfer to the capital of the utility, and which is utilized to offset the acquisition, improvement, or construction costs of the utility's property, facilities, or equipment used to provide utility services to the public. (Section 367.021 (3), Florida Statutes)

**CONSTRUCTION WORK IN PROGRESS ( CWIP )** - This account shall include the cost of water or wastewater plant in process of construction, but not yet ready for services. (USOA)

**DEPRECIATION** - The loss in service value not restored by current maintenance, incurred in connection with the consumption or prospective retirement of utility plant in the course of service from causes which are known to be in the current operation and against which the utility is not protected by insurance. (Rule 25-30.140 (i), Florida Administrative Code)

**EFFLUENT REUSE** - The use of wastewater after the treatment process, generally for reuse as irrigation water or for in plant use. (Section 367.021 (6), Florida Statutes)

**EQUIVALENT RESIDENTIAL CONNECTION (ERC) - (WATER)** - (Rule 25-30.515 (8), Florida Administrative Code.)

- (a) 350 gallons per day;
- (b) The number of gallons a utility demonstrates in the average daily flow for a single family unit; or
- (c) The number of gallons which has been approved by the DEP for a single family residential unit.

**EQUIVALENT RESIDENTIAL CONNECTION (ERC) - (WASTEWATER)** - Industry standard of 80% of Water ERC or 280 gallons per day for residential use.

**GUARANTEED REVENUE CHARGE** - A charge designed to cover the utility's costs including, but not limited to the cost of the operation, maintenance, depreciation, and any taxes, and to provide a reasonable return to the utility for facilities, a portion of which may not be used and useful to the utility or its existing customers. (Rule 25-30.515 (9), Florida Administrative Code)

**LONG TERM DEBT** - All Notes, Conditional Sales Contracts, or other evidences of indebtedness payable more than one year from date of issue. (USOA)

**PROPRIETARY CAPITAL ( For proprietorships and partnerships only )** - The investment of a sole proprietor, or partners, in an unincorporated utility. (USOA)

**RETAINED EARNINGS** - This account reflects corporate earnings retained in the business. Credits would include net income or accounting adjustments associated with correction of errors attributable to a prior period. Charges to this account would include net losses, accounting adjustments associated with correction of errors attributable to a prior period or dividends. (USOA)

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# FINANCIAL SECTION

REPORT OF

FIRST COAST REGIONAL UTILITIES, INC  
(EXACT NAME OF UTILITY)

|   |   |
|---|---|
| PO Box 238, Lake Butler, FL 32054                         | 12469 West SR 100, Lake Butler, FL 32054, Duval, Baker &                  |
| Mailing Address   | Street Address County Nassau  |
| Telephone Number 386-496-3509                             | Date Utility First Organized 3/26/2019                                    |
| Fax Number 386-496-4309                                   | E-mail Address <a href="mailto:denise@flaland.com">denise@flaland.com</a> |
| Sunshine State One-Call of Florida, Inc. Member No. _____ |   |

Check the business entity of the utility as filed with the Internal Revenue Service:

Individual    
  Sub Chapter S Corporation    
  1120 Corporation    
  Partnership

Name, Address and phone where records are located: FCRU, 12469 West SR 100, Lake Butler, FL 32054

Name of subdivisions where services are provided: N/A

CONTACTS:

| Name  | Title   | Principal Business Address  | Salary Charged Utility                                       |
|---|---|---|--|
| Person to send correspondence:<br><u>Denise Howard</u>  | <u>Secretary</u>  | <u>PO Box 238</u><br><u>Lake Butler, FL 32054</u>                   |  |
| Person who prepared this report:<br><u>Robert Kennelly</u>                                      | <u>Secretary</u>  | <u>PO Box 238</u><br><u>Lake Butler, FL 32054</u>                   |  |
| Officers and Managers:<br>Robert Kennelly _____<br><u>Denise Howard</u> _____<br>_____<br>_____ | President _____<br><u>Secretary</u> _____<br>_____<br>_____ | <u>PO Box 238</u><br><u>Lake Butler, FL 32054</u><br>_____<br>_____ | \$ _____ 0<br>\$ _____ 0<br>\$ _____<br>\$ _____<br>\$ _____ |

Report every corporation or person owning or holding directly or indirectly 5 percent or more of the voting securities of the reporting utility:

| Name                            | Percent Ownership in Utility | Principal Business Address   | Salary Charged Utility |
|---------------------------------|------------------------------|------------------------------|------------------------|
| <u>301 Capital Partners LLC</u> | <u>100% (indirectly)</u>     | <u>PO Box 238</u>            | \$ _____ 0             |
| <u>Avery Roberts</u>            | <u>45.54% (directly)</u>     | <u>Lake Butler, FL 32054</u> | \$ _____ 0             |
| <u>C. Austen Roberts</u>        | <u>12.93% (directly)</u>     |                              | \$ _____ 0             |
| <u>Robert Kennelly</u>          | <u>7.83% (directly)</u>      | <u>(same for all owners)</u> | \$ _____ 0             |
| <u>Michael Braren</u>           | <u>7.83% (directly)</u>      |                              | \$ _____ 0             |
| <u>James Hissam</u>             | <u>7.83% (directly)</u>      |                              | \$ _____ 0             |
| <u>John White</u>               | <u>15.85% (directly)</u>     |                              | \$ _____ 0             |

UTILITY NAME: FIRST COAST REGIONAL UTILITIES, INC.

|                                     |
|-------------------------------------|
| YEAR OF REPORT<br>DECEMBER 31, 2023 |
|-------------------------------------|

INCOME STATEMENT

| Account Name                                      | Ref. Page  | Water | Wastewater | Other | Total Company |
|---|------------|-------|------------|-------|---------------|
| Gross Revenue:                                    |            |       |            |       |               |
| Residential_____                                  |            | \$ 0  | \$ 0       | \$ 0  | \$ 0          |
| Commercial_____                                   |            |       |            |       |               |
| Industrial_____                                   |            |       |            |       |               |
| Multiple Family_____                              |            |       |            |       |               |
| Guaranteed Revenues__                             |            |       |            |       |               |
| Other (Specify)_____                              |            |       |            |       |               |
| Total Gross Revenue____                           |            | \$    | \$         | \$    | \$            |
| Operation Expense (Must tie to pages W-3 and S-3) | W-3<br>S-3 | \$ 0  | \$ 0       | \$ 0  | \$ 0          |
| Depreciation Expense_____                         | F-5        |       |            |       |               |
| CIAC Amortization Expense__                       | F-8        |       |            |       |               |
| Taxes Other Than Income__                         | F-7        |       |            |       |               |
| Income Taxes_____                                 | F-7        |       |            |       |               |
| Total Operating Expense                           |            | \$    | \$         | \$    | \$            |
| Net Operating Income (Loss)                       |            | \$    | \$         | \$    | \$            |
| Other Income:                                     |            |       |            |       |               |
| Nonutility Income_____                            |            | \$    | \$         | \$    | \$            |
| _____   |            |       |            |       |               |
| _____   |            |       |            |       |               |
| Other Deductions:                                 |            |       |            |       |               |
| Miscellaneous Nonutility Expenses_____            |            | \$    | \$         | \$    | \$            |
| Interest Expense_____                             |            |       |            |       |               |
| _____   |            |       |            |       |               |
| _____   |            |       |            |       |               |
| _____   |            |       |            |       |               |
| Net Income (Loss)                                 |            | \$ 0  | \$ 0       | \$ 0  | \$ 0          |



UTILITY NAME: FIRST COAST REGIONAL UTILITIES, INC.

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|-------------------------------------|
| YEAR OF REPORT<br>DECEMBER 31, 2023 |
|-------------------------------------|

COMPARATIVE BALANCE SHEET

| ACCOUNT NAME   | Reference Page | Current Year           | Previous Year          |
|--|----------------|------------------------|------------------------|
| Assets:  |                |                        |                        |
| Utility Plant in Service (101-105) _____                           | F-5,W-1,S-1    | \$ _____               | \$ _____               |
| Accumulated Depreciation and Amortization (108)_____               | F-5,W-2,S-2    | _____                  | _____                  |
| Net Utility Plant _____  |                | \$ _____               | \$ _____               |
| Cash _____   |                | 37,360.72              | _____                  |
| Customer Accounts Receivable (141)_____                            |                | _____                  | _____                  |
| Other Assets (Specify): _____ Acc Int Land                         |                | 106,654.42             | _____                  |
|  |                | 1,215,918.00           | 245,555.21             |
| Certification costs  |                | 2,225,823.71           | 2,145,869.41           |
| Accounts Receivable  |                | 895,259.16             | _____                  |
| Utility Construction Costs   |                | 4,275,912.76           | _____                  |
| Total Assets _____   |                | \$ <u>8,756,928.77</u> | \$ <u>2,391,424.62</u> |
| Liabilities and Capital:   |                |                        |                        |
| Common Stock Issued (201) _____                                    | F-6            | 1,000                  | 1,000                  |
| Preferred Stock Issued (204) _____                                 | F-6            | _____                  | _____                  |
| Other Paid in Capital (211) _____                                  |                | 1,214,918.00           | 244,555.21             |
| Retained Earnings (215) _____                                      | F-6            | -189,381.18            | _____                  |
| Proprietary Capital (Proprietary and partnership only) (218) _____ | F-6            | _____                  | _____                  |
| Total Capital _____  |                | \$ <u>1,026,536.82</u> | \$ <u>245,555.21</u>   |
| Long Term Debt (224) _____   | F-6            | \$ _____               | \$ _____               |
| Accounts Payable (231) _____                                       |                | 888,701.36             | _____                  |
| Notes Payable (232) _____  |                | _____                  | _____                  |
| Customer Deposits (235) _____                                      |                | _____                  | _____                  |
| Accrued Taxes (236) _____  |                | _____                  | _____                  |
| Other Liabilities (Specify) _____                                  |                | _____                  | _____                  |
| Promissory Note(s)   |                | 2,452,339.86           | 2,145,869.41           |
| Deferred income  |                | 696,714.63             | _____                  |
| JEA billings & Other   |                | 3,692,636.10           | _____                  |
| Advances for Construction _____                                    |                | _____                  | _____                  |
| Contributions in Aid of Construction - Net (271-272) _____         | F-8            | _____                  | _____                  |
| Total Liabilities and Capital _____                                |                | \$ <u>8,756,928.77</u> | \$ <u>2,391,424.62</u> |

UTILITY NAME FIRST COAST REGIONAL UTILITIES

|                             |
|-----------------------------|
| YEAR OF REPORT<br>31-Dec-23 |
|-----------------------------|

GROSS UTILITY PLANT

| Plant Accounts:<br>(101 - 107) inclusive     | Water           | Wastewater      | Plant other<br>Than<br>Reporting<br>Systems | Total               |
|--|-----------------|-----------------|---|---------------------|
| Utility Plant in Service (101)               | \$ _____        | \$ _____        | \$ _____                                    | \$ _____            |
| Construction Work in Progress<br>(105) _____ | _____           | _____           | _____                                       | _____               |
| Other (Specify) _____                        | _____           | _____           | _____                                       | _____               |
| CIP (combined)                               | _____           | _____           | _____                                       | <u>4,275,912.76</u> |
| _____  | _____           | _____           | _____                                       | _____               |
| Total Utility Plant _____                    | \$ <u>_____</u> | \$ <u>_____</u> | \$ <u>_____</u>                             | \$ <u>_____</u>     |

ACCUMULATED DEPRECIATION (A/D) AND AMORTIZATION OF UTILITY PLANT

| Account 108                                       | Water           | Wastewater      | Other Than<br>Reporting<br>Systems | Total             |
|---|-----------------|-----------------|------------------------------------|-------------------|
| Balance First of Year _____                       | \$ _____        | \$ _____        | \$ _____                           | \$ _____ 0        |
| <u>Add Credits During Year:</u>                   |                 |                 |                                    |                   |
| Accruals charged to<br>depreciation account _____ | \$ _____        | \$ _____        | \$ _____                           | \$ _____          |
| Salvage _____                                     | _____           | _____           | _____                              | _____             |
| Other Credits (specify) _____                     | _____           | _____           | _____                              | _____             |
| _____   | _____           | _____           | _____                              | _____             |
| Total Credits _____                               | \$ <u>_____</u> | \$ <u>_____</u> | \$ <u>_____</u>                    | \$ <u>_____</u>   |
| <u>Deduct Debits During Year:</u>                 |                 |                 |                                    |                   |
| Book cost of plant<br>retired _____               | \$ _____        | \$ _____        | \$ _____                           | \$ _____          |
| Cost of removal _____                             | _____           | _____           | _____                              | _____             |
| Other debits (specify) _____                      | _____           | _____           | _____                              | _____             |
| _____   | _____           | _____           | _____                              | _____             |
| Total Debits _____                                | \$ <u>_____</u> | \$ <u>_____</u> | \$ <u>_____</u>                    | \$ <u>_____</u>   |
| Balance End of Year _____                         | \$ <u>_____</u> | \$ <u>_____</u> | \$ <u>_____</u>                    | \$ <u>_____</u> 0 |

UTILITY NAME: FIRST COAST REGIONAL UTILITIES, INC.

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| YEAR OF REPORT<br>DECEMBER 31, 2023 |
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CAPITAL STOCK ( 201 - 204 )

|   | Common<br>Stock | Preferred<br>Stock |
|---|-----------------|--------------------|
| Par or stated value per share _____         | 1               | _____              |
| Shares authorized _____                     | 1000            | _____              |
| Shares issued and outstanding _____         | 1000            | _____              |
| Total par value of stock issued _____       | 1               | _____              |
| Dividends declared per share for year _____ | 0               | _____              |

RETAINED EARNINGS ( 215 )

|  | Appropriated                  | Un-<br>Appropriated     |
|--|-------------------------------|-------------------------|
| Balance first of year _____                          | \$ 0                          | \$ _____                |
| Changes during the year (Specify):<br>_____<br>_____ | -189,381.18<br>_____<br>_____ | _____<br>_____<br>_____ |
| Balance end of year _____                            | \$ -189,381.18                | \$ _____                |

PROPRIETARY CAPITAL ( 218 )

|  | Proprietor<br>Or Partner | Partner                 |
|--|--------------------------|-------------------------|
| Balance first of year _____                          | \$ _____                 | \$ _____                |
| Changes during the year (Specify):<br>_____<br>_____ | _____<br>_____<br>_____  | _____<br>_____<br>_____ |
| Balance end of year _____                            | \$ _____                 | \$ _____                |

LONG TERM DEBT ( 224 )

| Description of Obligation (Including Date of Issue<br>and Date of Maturity): | Interest |               | Principal<br>per Balance<br>Sheet Date |
|--|----------|---------------|--|
|  | Rate     | # of<br>Pymts |  |
| _____  | _____    | _____         | \$ _____                               |
| _____  | _____    | _____         | _____                                  |
| Total _____  |          |               | \$ _____                               |

UTILITY NAME: FIRST COAST REGIONAL UTILITIES, INC.

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| YEAR OF REPORT<br>DECEMBER 31, 2023 |
|-------------------------------------|

**TAX EXPENSE**

| (a)                             | Water<br>(b) | Wastewater<br>(c) | Other<br>(d) | Total<br>(e) |
|---------------------------------|--------------|-------------------|--------------|--------------|
| Income Taxes:                   |              |                   |              |              |
| Federal income tax _____        | \$ _____     | \$ _____          | \$ _____     | \$ _____     |
| State income Tax _____          | _____        | _____             | _____        | _____        |
| Taxes Other Than Income:        |              |                   |              |              |
| State ad valorem tax _____      | _____        | _____             | _____        | _____        |
| Local property tax _____        | _____        | _____             | _____        | _____        |
| Regulatory assessment fee _____ | _____        | _____             | _____        | _____        |
| Other (Specify) _____           | _____        | _____             | _____        | _____        |
| _____                           | _____        | _____             | _____        | _____        |
| _____                           | _____        | _____             | _____        | _____        |
| Total Tax Expense _____         | \$ _____     | \$ _____          | \$ _____     | \$ _____     |

**PAYMENTS FOR SERVICES RENDERED BY OTHER THAN EMPLOYEES**

| Report all information concerning outside rate, management, construction, advertising, labor relations, public relations, or other similar professional services rendered the respondent for which aggregate payments during the year to any corporation, partnership, individual, or organization of any kind whatever amounting to \$500 or more. |                 |                      |                        |
|---|-----------------|----------------------|------------------------|
| Name of Recipient   | Water<br>Amount | Wastewater<br>Amount | Description of Service |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |
| _____   | \$ _____        | \$ _____             | _____                  |

UTILITY NAME: FIRST COAST REGIONAL UTILITIES, INC.

|                                     |
|-------------------------------------|
| YEAR OF REPORT<br>DECEMBER 31, 2023 |
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**CONTRIBUTIONS IN AID OF CONSTRUCTION ( 271 )**

| (a)                                     | Water<br>(b) | Wastewater<br>(c) | Total<br>(d) |
|---|--------------|-------------------|--------------|
| 1) Balance first of year _____          | \$ _____     | \$ _____          | \$ _____     |
| 2) Add credits during year _____        | \$ _____     | \$ _____          | \$ _____     |
| 3) Total _____                          | _____        | _____             | _____        |
| 4) Deduct charges during the year _____ | _____        | _____             | _____        |
| 5) Balance end of year _____            | _____        | _____             | _____        |
| 6) Less Accumulated Amortization _____  | _____        | _____             | _____        |
| 7) Net CIAC _____                       | \$ _____     | \$ _____          | \$ _____     |

**ADDITIONS TO CONTRIBUTIONS IN AID OF CONSTRUCTION DURING YEAR (CREDITS)**

| Report below all developers or contractors agreements from which cash or property was received during the year.     | Indicate "Cash" or "Property" | Water                 | Wastewater |
|---|-------------------------------|-----------------------|------------|
| _____   | _____                         | _____                 | _____      |
| _____   | _____                         | _____                 | _____      |
| _____   | _____                         | _____                 | _____      |
| Sub-total _____   |                               | \$ _____              | \$ _____   |
| Report below all capacity charges, main extension charges and customer connection charges received during the year. |                               |                       |            |
| Description of Charge   | Number of Connections         | Charge per Connection |            |
| _____   | _____                         | \$ _____              | \$ _____   |
| _____   | _____                         | _____                 | _____      |
| _____   | _____                         | _____                 | _____      |
| _____   | _____                         | _____                 | _____      |
| Total Credits During Year (Must agree with line # 2 above.) _____   |                               |                       | \$ _____   |

**ACCUMULATED AMORTIZATION OF CIAC (272)**

|  | Water    | Wastewater | Total    |
|--|----------|------------|----------|
| Balance First of Year _____                                | \$ _____ | \$ _____   | \$ _____ |
| Add Debits During Year: _____                              | _____    | _____      | _____    |
| Deduct Credits During Year: _____                          | _____    | _____      | _____    |
| Balance End of Year (Must agree with line #6 above.) _____ | \$ _____ | \$ _____   | \$ _____ |

**\*\* COMPLETION OF SCHEDULE REQUIRED ONLY IF AFUDC WAS CHARGED DURING YEAR \*\***

**UTILITY NAME** FIRST COAST REGIONAL UTILITIES, INC.

|  |
|--|
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**SCHEDULE "A"**

**SCHEDULE OF COST OF CAPITAL USED FOR AFUDC CALCULATION (1)**

| Class of Capital<br>(a)     | Dollar<br>Amount<br>(b) | Percentage<br>of<br>Capital<br>(c) | Actual<br>Cost<br>Rates<br>(d) | Weighted<br>Cost<br>[ c x d ]<br>(e) |
|-----------------------------|-------------------------|------------------------------------|--------------------------------|--------------------------------------|
| Common Equity               | \$ _____                | _____ %                            | _____ %                        | _____ %                              |
| Preferred Stock             | _____                   | _____ %                            | _____ %                        | _____ %                              |
| Long Term Debt              | _____                   | _____ %                            | _____ %                        | _____ %                              |
| Customer Deposits           | _____                   | _____ %                            | _____ %                        | _____ %                              |
| Tax Credits - Zero Cost     | _____                   | _____ %                            | 0.00 %                         | _____ %                              |
| Tax Credits - Weighted Cost | _____                   | _____ %                            | _____ %                        | _____ %                              |
| Deferred Income Taxes       | _____                   | _____ %                            | _____ %                        | _____ %                              |
| Other (Explain)             | _____                   | _____ %                            | _____ %                        | _____ %                              |
| <b>Total</b>                | \$ <u>_____</u>         | <u>100.00</u> %                    |                                | <u>_____</u> %                       |

(1) Must be calculated using the same methodology used to calculate AFUDC rate approved by the Commission.

**APPROVED AFUDC RATE**

|  |
|--|
| Current Commission approved AFUDC rate: _____ %<br>Commission Order Number approving AFUDC rate: _____ |
|--|

**\*\* COMPLETION OF SCHEDULE REQUIRED ONLY IF AFUDC WAS CHARGED DURING YEAR \*\***

**UTILITY NAME** FIRST COAST REGIONAL UTILITIES, INC.

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**SCHEDULE "B"**

**SCHEDULE OF CAPITAL STRUCTURE ADJUSTMENTS**

| Class of Capital<br>(a) | Per<br>Book<br>Balance<br>(b) | Non-utility<br>Adjustments<br>(c) | Non-juris.<br>Adjustments<br>(d) | Other (1)<br>Adjustments<br>(e) | Capital<br>Structure<br>Used for<br>AFUDC<br>Calculation<br>(f) |
|-------------------------|-------------------------------|-----------------------------------|----------------------------------|---------------------------------|---|
| Common Equity           | \$ _____                      | \$ _____                          | \$ _____                         | \$ _____                        | \$ _____  |
| Preferred Stock         | _____                         | _____                             | _____                            | _____                           | _____   |
| Long Term Debt          | _____                         | _____                             | _____                            | _____                           | _____   |
| Customer Deposits       | _____                         | _____                             | _____                            | _____                           | _____   |
| Tax Credits-Zero Cost   | _____                         | _____                             | _____                            | _____                           | _____   |
| Tax Credits-Weighted    | _____                         | _____                             | _____                            | _____                           | _____   |
| Cost of Capital         | _____                         | _____                             | _____                            | _____                           | _____   |
| Deferred Income Taxes   | _____                         | _____                             | _____                            | _____                           | _____   |
| Other (Explain)         | _____                         | _____                             | _____                            | _____                           | _____   |
| <b>Total</b>            | \$ _____                      | \$ _____                          | \$ _____                         | \$ _____                        | \$ _____  |

(1) Explain below all adjustments made in Column (e):

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**WATER  
OPERATING  
SECTION**



UTILITY NAME: FIRST COAST REGIONAL UTILITIES, INC.

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**WATER UTILITY PLANT ACCOUNTS**

| Acct. No. (a) | Account Name (b)                             | Previous Year (c) | Additions (d) | Retirements (e) | Current Year (f) |
|---------------|--|-------------------|---------------|-----------------|------------------|
| 301           | Organization_____                            | \$ _____          | \$ _____      | \$ _____        | \$ _____         |
| 302           | Franchises_____                              | _____             | _____         | _____           | _____            |
| 303           | Land and Land Rights_____                    | _____             | _____         | _____           | _____            |
| 304           | Structures and Improvements_____             | _____             | _____         | _____           | _____            |
| 305           | Collecting and Impounding Reservoirs_____    | _____             | _____         | _____           | _____            |
| 306           | Lake, River and Other Intakes_____           | _____             | _____         | _____           | _____            |
| 307           | Wells and Springs_____                       | _____             | _____         | _____           | _____            |
| 308           | Infiltration Galleries and Tunnels_____      | _____             | _____         | _____           | _____            |
| 309           | Supply Mains_____                            | _____             | _____         | _____           | _____            |
| 310           | Power Generation Equipment_____              | _____             | _____         | _____           | _____            |
| 311           | Pumping Equipment_____                       | _____             | _____         | _____           | _____            |
| 320           | Water Treatment Equipment_____               | _____             | _____         | _____           | _____            |
| 330           | Distribution Reservoirs and Standpipes_____  | _____             | _____         | _____           | _____            |
| 331           | Transmission and Distribution Lines_____     | _____             | _____         | _____           | _____            |
| 333           | Services_____                                | _____             | _____         | _____           | _____            |
| 334           | Meters and Meter Installations_____          | _____             | _____         | _____           | _____            |
| 335           | Hydrants_____                                | _____             | _____         | _____           | _____            |
| 336           | Backflow Prevention Devices_____             | _____             | _____         | _____           | _____            |
| 339           | Other Plant and Miscellaneous Equipment_____ | _____             | _____         | _____           | _____            |
| 340           | Office Furniture and Equipment_____          | _____             | _____         | _____           | _____            |
| 341           | Transportation Equipment_____                | _____             | _____         | _____           | _____            |
| 342           | Stores Equipment_____                        | _____             | _____         | _____           | _____            |
| 343           | Tools, Shop and Garage Equipment_____        | _____             | _____         | _____           | _____            |
| 344           | Laboratory Equipment_____                    | _____             | _____         | _____           | _____            |
| 345           | Power Operated Equipment_____                | _____             | _____         | _____           | _____            |
| 346           | Communication Equipment_____                 | _____             | _____         | _____           | _____            |
| 347           | Miscellaneous Equipment_____                 | _____             | _____         | _____           | _____            |
| 348           | Other Tangible Plant_____                    | _____             | _____         | _____           | _____            |
|               | Total Water Plant_____                       | \$ _____          | \$ _____      | \$ _____        | \$ _____         |

UTILITY NAME: FIRST COAST REGIONAL UTILITIES, INC.

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**ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WATER**

| Acct. No. (a) | Account (b)                             | Average Service Life in Years (c) | Average Salvage in Percent (d) | Depr. Rate Applied (e) | Accumulated Depreciation Balance Previous Year (f) | Debits (g) | Credits (h) | Accum. Depr. Balance End of Year (f-g+h=i) (i) |
|---------------|---|-----------------------------------|--------------------------------|------------------------|--|------------|-------------|--|
| 304           | Structures and Improvements             | _____                             | _____ %                        | _____ %                | \$ _____   | \$ _____   | \$ _____    | \$ _____                                       |
| 305           | Collecting and Impounding Reservoirs    | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 306           | Lake, River and Other Intakes           | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 307           | Wells and Springs                       | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 308           | Infiltration Galleries & Tunnels        | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 309           | Supply Mains                            | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 310           | Power Generating Equipment              | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 311           | Pumping Equipment                       | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 320           | Water Treatment Equipment               | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 330           | Distribution Reservoirs & Standpipes    | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 331           | Trans. & Dist. Mains                    | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 333           | Services                                | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 334           | Meter & Meter Installations             | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 335           | Hydrants                                | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 336           | Backflow Prevention Devices             | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 339           | Other Plant and Miscellaneous Equipment | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 340           | Office Furniture and Equipment          | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 341           | Transportation Equipment                | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 342           | Stores Equipment                        | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 343           | Tools, Shop and Garage Equipment        | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 344           | Laboratory Equipment                    | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 345           | Power Operated Equipment                | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 346           | Communication Equipment                 | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 347           | Miscellaneous Equipment                 | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
| 348           | Other Tangible Plant                    | _____                             | _____ %                        | _____ %                | _____  | _____      | _____       | _____  |
|               | Totals                                  |                                   |                                |                        | \$ _____   | \$ _____   | \$ _____    | \$ _____*                                      |

\* This amount should tie to Sheet F-5.

UTILITY NAME: FIRST COAST REGIONAL UTILITIES, INC.

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**WATER OPERATION AND MAINTENANCE EXPENSE**

| Acct. No. | Account Name   | Amount    |
|-----------|--|-----------|
| 601       | Salaries and Wages - Employees_____                                      | \$ _____  |
| 603       | Salaries and Wages - Officers, Directors, and Majority Stockholders_____ | _____     |
| 604       | Employee Pensions and Benefits_____                                      | _____     |
| 610       | Purchased Water_____   | _____     |
| 615       | Purchased Power_____   | _____     |
| 616       | Fuel for Power Production_____   | _____     |
| 618       | Chemicals_____   | _____     |
| 620       | Materials and Supplies_____  | _____     |
| 630       | Contractual Services:  |           |
|           | Billing_____   | _____     |
|           | Professional_____  | _____     |
|           | Testing_____   | _____     |
|           | Other_____   | _____     |
| 640       | Rents_____   | _____     |
| 650       | Transportation Expense_____  | _____     |
| 655       | Insurance Expense_____   | _____     |
| 665       | Regulatory Commission Expenses (Amortized Rate Case Expense)_____        | _____     |
| 670       | Bad Debt Expense_____  | _____     |
| 675       | Miscellaneous Expenses_____  | _____     |
|           | Total Water Operation And Maintenance Expense_____                       | \$ _____* |

\* This amount should tie to Sheet F-3.

**WATER CUSTOMERS**

| Description<br>(a)                                 | Type of Meter **<br>(b) | Equivalent Factor<br>(c) | Number of Active Customers |                    | Total Number of Meter<br>Equivalentents<br>(c x e)<br>(f) |
|--|-------------------------|--------------------------|----------------------------|--------------------|---|
|  |                         |                          | Start of Year<br>(d)       | End of Year<br>(e) |   |
| <b>Residential Service</b>                         |                         |                          |                            |                    |   |
| 5/8"   | D                       | 1.0                      | _____                      | _____              | _____   |
| 3/4"   | D                       | 1.5                      | _____                      | _____              | _____   |
| 1"   | D                       | 2.5                      | _____                      | _____              | _____   |
| 1 1/2"   | D,T                     | 5.0                      | _____                      | _____              | _____   |
| <b>General Service</b>                             |                         |                          |                            |                    |   |
| 5/8"   | D                       | 1.0                      | _____                      | _____              | _____   |
| 3/4"   | D                       | 1.5                      | _____                      | _____              | _____   |
| 1"   | D                       | 2.5                      | _____                      | _____              | _____   |
| 1 1/2"   | D,T                     | 5.0                      | _____                      | _____              | _____   |
| 2"   | D,C,T                   | 8.0                      | _____                      | _____              | _____   |
| 3"   | D                       | 15.0                     | _____                      | _____              | _____   |
| 3"   | C                       | 16.0                     | _____                      | _____              | _____   |
| 3"   | T                       | 17.5                     | _____                      | _____              | _____   |
| Unmetered Customers                                | _____                   | _____                    | _____                      | _____              | _____   |
| Other (Specify)                                    | _____                   | _____                    | _____                      | _____              | _____   |
| ** D = Displacement<br>C = Compound<br>T = Turbine |                         |                          | Total                      | _____              | _____   |

UTILITY NAME: \_\_\_\_\_ FIRST COAST REGIONAL UTILITIES, INC.

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SYSTEM NAME: \_\_\_\_\_ N/A

**PUMPING AND PURCHASED WATER STATISTICS**

|                      | Water Purchased For Resale (Omit 000's) | Finished Water From Wells (Omit 000's) | Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) | Total Water Pumped And Purchased (Omit 000's) [ (b)+(c)-(d) ] | Water Sold To Customers (Omit 000's) |
|----------------------|---|--|---|---|--------------------------------------|
| (a)                  | (b)                                     | (c)                                    | (d)   | (e)   | (f)                                  |
| January _____        | _____                                   | _____                                  | _____   | _____   | _____                                |
| February _____       | _____                                   | _____                                  | _____   | _____   | _____                                |
| March _____          | _____                                   | _____                                  | _____   | _____   | _____                                |
| April _____          | _____                                   | _____                                  | _____   | _____   | _____                                |
| May _____            | _____                                   | _____                                  | _____   | _____   | _____                                |
| June _____           | _____                                   | _____                                  | _____   | _____   | _____                                |
| July _____           | _____                                   | _____                                  | _____   | _____   | _____                                |
| August _____         | _____                                   | _____                                  | _____   | _____   | _____                                |
| September _____      | _____                                   | _____                                  | _____   | _____   | _____                                |
| October _____        | _____                                   | _____                                  | _____   | _____   | _____                                |
| November _____       | _____                                   | _____                                  | _____   | _____   | _____                                |
| December _____       | _____                                   | _____                                  | _____   | _____   | _____                                |
| Total for Year _____ | _____                                   | _____                                  | _____   | _____   | _____                                |

If water is purchased for resale, indicate the following:  
 Vendor \_\_\_\_\_  
 Point of delivery \_\_\_\_\_

If water is sold to other water utilities for redistribution, list names of such utilities below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAINS (FEET)**

| Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.) | Diameter of Pipe | First of Year | Added | Removed or Abandoned | End of Year |
|---|------------------|---------------|-------|----------------------|-------------|
| _____   | _____            | _____         | _____ | _____                | _____       |
| _____   | _____            | _____         | _____ | _____                | _____       |
| _____   | _____            | _____         | _____ | _____                | _____       |
| _____   | _____            | _____         | _____ | _____                | _____       |
| _____   | _____            | _____         | _____ | _____                | _____       |
| _____   | _____            | _____         | _____ | _____                | _____       |
| _____   | _____            | _____         | _____ | _____                | _____       |
| _____   | _____            | _____         | _____ | _____                | _____       |
| _____   | _____            | _____         | _____ | _____                | _____       |
| _____   | _____            | _____         | _____ | _____                | _____       |

UTILITY NAME: \_\_\_\_\_ FIRST COAST REGIONAL UTILITY, INC.

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SYSTEM NAME: \_\_\_\_\_ N/A

**WELLS AND WELL PUMPS**

| (a)  | (b)   | (c)   | (d)   | (e)   |
|--|-------|-------|-------|-------|
| Year Constructed _____                         | _____ | _____ | _____ | _____ |
| Types of Well Construction<br>and Casing _____ | _____ | _____ | _____ | _____ |
| _____  | _____ | _____ | _____ | _____ |
| _____  | _____ | _____ | _____ | _____ |
| Depth of Wells _____                           | _____ | _____ | _____ | _____ |
| Diameters of Wells _____                       | _____ | _____ | _____ | _____ |
| Pump - GPM _____                               | _____ | _____ | _____ | _____ |
| Motor - HP _____                               | _____ | _____ | _____ | _____ |
| Motor Type * _____                             | _____ | _____ | _____ | _____ |
| Yields of Wells in GPD _____                   | _____ | _____ | _____ | _____ |
| Auxiliary Power _____                          | _____ | _____ | _____ | _____ |
| * Submersible, centrifugal, etc.               |       |       |       |       |

**RESERVOIRS**

| (a)                           | (b)   | (c)   | (d)   | (e)   |
|-------------------------------|-------|-------|-------|-------|
| Description (steel, concrete) | _____ | _____ | _____ | _____ |
| Capacity of Tank _____        | _____ | _____ | _____ | _____ |
| Ground or Elevated _____      | _____ | _____ | _____ | _____ |

**HIGH SERVICE PUMPING**

| (a)   | (b)   | (c)   | (d)   | (e)   |
|---|-------|-------|-------|-------|
| <u>Motors</u>                                     |       |       |       |       |
| Manufacturer _____                                | _____ | _____ | _____ | _____ |
| Type _____  | _____ | _____ | _____ | _____ |
| Rated Horsepower _____                            | _____ | _____ | _____ | _____ |
| <u>Pumps</u>                                      |       |       |       |       |
| Manufacturer _____                                | _____ | _____ | _____ | _____ |
| Type _____  | _____ | _____ | _____ | _____ |
| Capacity in GPM _____                             | _____ | _____ | _____ | _____ |
| Average Number of Hours<br>Operated Per Day _____ | _____ | _____ | _____ | _____ |
| Auxiliary Power _____                             | _____ | _____ | _____ | _____ |

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**SOURCE OF SUPPLY**

|  |       |       |       |
|--|-------|-------|-------|
| List for each source of supply ( Ground, Surface, Purchased Water etc. ) |       |       |       |
| Permitted Gals. per day _____  | _____ | _____ | _____ |
| Type of Source _____   | _____ | _____ | _____ |

**WATER TREATMENT FACILITIES**

|   |       |       |       |
|---|-------|-------|-------|
| List for each Water Treatment Facility: |       |       |       |
| Type _____                              | _____ | _____ | _____ |
| Make _____                              | _____ | _____ | _____ |
| Permitted Capacity (GPD) _____          | _____ | _____ | _____ |
| High service pumping                    | _____ | _____ | _____ |
| Gallons per minute _____                | _____ | _____ | _____ |
| Reverse Osmosis _____                   | _____ | _____ | _____ |
| Lime Treatment                          | _____ | _____ | _____ |
| Unit Rating _____                       | _____ | _____ | _____ |
| Filtration                              | _____ | _____ | _____ |
| Pressure Sq. Ft. _____                  | _____ | _____ | _____ |
| Gravity GPD/Sq.Ft. _____                | _____ | _____ | _____ |
| Disinfection                            | _____ | _____ | _____ |
| Chlorinator _____                       | _____ | _____ | _____ |
| Ozone _____                             | _____ | _____ | _____ |
| Other _____                             | _____ | _____ | _____ |
| Auxiliary Power _____                   | _____ | _____ | _____ |

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SYSTEM NAME: N/A

**GENERAL WATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. \_\_\_\_\_  
number of ERCs \* which can be served. \_\_\_\_\_
3. Present system connection capacity (in ERCs \*) using existing lines. \_\_\_\_\_
4. Future connection capacity (in ERCs \*) upon service area buildout. \_\_\_\_\_
5. Estimated annual increase in ERCs \*. \_\_\_\_\_
6. Is the utility required to have fire flow capacity? \_\_\_\_\_  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. When did the company last file a capacity analysis report with the DEP? \_\_\_\_\_
10. If the present system does not meet the requirements of DEP rules, submit the following:
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection ID # \_\_\_\_\_
12. Water Management District Consumptive Use Permit # \_\_\_\_\_
  - a. Is the system in compliance with the requirements of the CUP? \_\_\_\_\_
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days)/350 gallons per day).

**WASTEWATER  
OPERATING  
SECTION**



UTILITY NAME: FIRST COAST REGIONAL UTILITY, INC.

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**WASTEWATER UTILITY PLANT ACCOUNTS**

| Acct. No. (a) | Account Name (b)                                 | Previous Year (c) | Additions (d) | Retirements (e) | Current Year (f) |
|---------------|--|-------------------|---------------|-----------------|------------------|
| 351           | Organization _____                               | \$ _____          | \$ _____      | \$ _____        | \$ _____         |
| 352           | Franchises _____                                 | _____             | _____         | _____           | _____            |
| 353           | Land and Land Rights _____                       | _____             | _____         | _____           | _____            |
| 354           | Structures and Improvements _____                | _____             | _____         | _____           | _____            |
| 355           | Power Generation Equipment _____                 | _____             | _____         | _____           | _____            |
| 360           | Collection Sewers - Force _____                  | _____             | _____         | _____           | _____            |
| 361           | Collection Sewers - Gravity _____                | _____             | _____         | _____           | _____            |
| 362           | Special Collecting Structures _____              | _____             | _____         | _____           | _____            |
| 363           | Services to Customers _____                      | _____             | _____         | _____           | _____            |
| 364           | Flow Measuring Devices _____                     | _____             | _____         | _____           | _____            |
| 365           | Flow Measuring Installations _____               | _____             | _____         | _____           | _____            |
| 370           | Receiving Wells _____                            | _____             | _____         | _____           | _____            |
| 371           | Pumping Equipment _____                          | _____             | _____         | _____           | _____            |
| 380           | Treatment and Disposal<br>Equipment _____        | _____             | _____         | _____           | _____            |
| 381           | Plant Sewers _____                               | _____             | _____         | _____           | _____            |
| 382           | Outfall Sewer Lines _____                        | _____             | _____         | _____           | _____            |
| 389           | Other Plant and Miscellaneous<br>Equipment _____ | _____             | _____         | _____           | _____            |
| 390           | Office Furniture and<br>Equipment _____          | _____             | _____         | _____           | _____            |
| 391           | Transportation Equipment _____                   | _____             | _____         | _____           | _____            |
| 392           | Stores Equipment _____                           | _____             | _____         | _____           | _____            |
| 393           | Tools, Shop and Garage<br>Equipment _____        | _____             | _____         | _____           | _____            |
| 394           | Laboratory Equipment _____                       | _____             | _____         | _____           | _____            |
| 395           | Power Operated Equipment _____                   | _____             | _____         | _____           | _____            |
| 396           | Communication Equipment _____                    | _____             | _____         | _____           | _____            |
| 397           | Miscellaneous Equipment _____                    | _____             | _____         | _____           | _____            |
| 398           | Other Tangible Plant _____                       | _____             | _____         | _____           | _____            |
|               | Total Wastewater Plant _____                     | \$ _____          | \$ _____      | \$ _____        | \$ _____ *       |

\* This amount should tie to sheet F-5.

UTILITY NAME: FIRST COAST REGIONAL UTILITY, INC.

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**ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WASTEWATER**

| Acct. No. (a) | Account (b)                             | Average Service Life in Years (c) | Average Salvage in Percent (d) | Depr. Rate Applied (e) | Accumulated Depreciation Balance Previous Year (f) | Debits (g) | Credits (h) | Accum. Depr. Balance End of Year (f-g+h=i) (i) |
|---------------|---|-----------------------------------|--------------------------------|------------------------|--|------------|-------------|--|
| 354           | Structures and Improvements             |                                   | %                              | %                      | \$   | \$         | \$          | \$   |
| 355           | Power Generation Equipment              |                                   | %                              | %                      |  |            |             |  |
| 360           | Collection Sewers - Force               |                                   | %                              | %                      |  |            |             |  |
| 361           | Collection Sewers - Gravity             |                                   | %                              | %                      |  |            |             |  |
| 362           | Special Collecting Structures           |                                   | %                              | %                      |  |            |             |  |
| 363           | Services to Customers                   |                                   | %                              | %                      |  |            |             |  |
| 364           | Flow Measuring Devices                  |                                   | %                              | %                      |  |            |             |  |
| 365           | Flow Measuring Installations            |                                   | %                              | %                      |  |            |             |  |
| 370           | Receiving Wells                         |                                   | %                              | %                      |  |            |             |  |
| 371           | Pumping Equipment                       |                                   | %                              | %                      |  |            |             |  |
| 380           | Treatment and Disposal Equipment        |                                   | %                              | %                      |  |            |             |  |
| 381           | Plant Sewers                            |                                   | %                              | %                      |  |            |             |  |
| 382           | Outfall Sewer Lines                     |                                   | %                              | %                      |  |            |             |  |
| 389           | Other Plant and Miscellaneous Equipment |                                   | %                              | %                      |  |            |             |  |
| 390           | Office Furniture and Equipment          |                                   | %                              | %                      |  |            |             |  |
| 391           | Transportation Equipment                |                                   | %                              | %                      |  |            |             |  |
| 392           | Stores Equipment                        |                                   | %                              | %                      |  |            |             |  |
| 393           | Tools, Shop and Garage Equipment        |                                   | %                              | %                      |  |            |             |  |
| 394           | Laboratory Equipment                    |                                   | %                              | %                      |  |            |             |  |
| 395           | Power Operated Equipment                |                                   | %                              | %                      |  |            |             |  |
| 396           | Communication Equipment                 |                                   | %                              | %                      |  |            |             |  |
| 397           | Miscellaneous Equipment                 |                                   | %                              | %                      |  |            |             |  |
| 398           | Other Tangible Plant                    |                                   | %                              | %                      |  |            |             |  |
|               | Totals                                  |                                   |                                |                        | \$   | \$         | \$          | \$ *   |

\* This amount should tie to Sheet F-5.

UTILITY NAME: FIRST COAST REGIONAL UTILITY, INC.

|                                     |
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**WASTEWATER OPERATION AND MAINTENANCE EXPENSE**

| Acct. No. | Account Name  | Amount     |
|-----------|---|------------|
| 701       | Salaries and Wages - Employees _____                                      | \$ _____   |
| 703       | Salaries and Wages - Officers, Directors, and Majority Stockholders _____ | _____      |
| 704       | Employee Pensions and Benefits _____                                      | _____      |
| 710       | Purchased Wastewater Treatment _____                                      | _____      |
| 711       | Sludge Removal Expense _____  | _____      |
| 715       | Purchased Power _____   | _____      |
| 716       | Fuel for Power Production _____   | _____      |
| 718       | Chemicals _____   | _____      |
| 720       | Materials and Supplies _____  | _____      |
| 730       | Contractual Services:   |            |
|           | Billing _____   | _____      |
|           | Professional _____  | _____      |
|           | Testing _____   | _____      |
|           | Other _____   | _____      |
| 740       | Rents _____   | _____      |
| 750       | Transportation Expense _____  | _____      |
| 755       | Insurance Expense _____   | _____      |
| 765       | Regulatory Commission Expenses (Amortized Rate Case Expense) _____        | _____      |
| 770       | Bad Debt Expense _____  | _____      |
| 775       | Miscellaneous Expenses _____  | _____      |
|           | Total Wastewater Operation And Maintenance Expense _____                  | \$ _____ * |

\* This amount should tie to Sheet F-3.

**WASTEWATER CUSTOMERS**

| Description<br>(a)  | Type of Meter **<br>(b) | Equivalent Factor<br>(c) | Number of Active Customers |                       | Total Number of<br>Equivalent<br>Meter Equivalents<br>(c x e)<br>(f) |
|---------------------|-------------------------|--------------------------|----------------------------|-----------------------|--|
|                     |                         |                          | Start<br>of Year<br>(d)    | End<br>of Year<br>(e) |  |
| Residential Service |                         |                          |                            |                       |  |
| All meter sizes     | D                       | 1.0                      | _____                      | _____                 | _____  |
| General Service     |                         |                          |                            |                       |  |
| 5/8"                | D                       | 1.0                      | _____                      | _____                 | _____  |
| 3/4"                | D                       | 1.5                      | _____                      | _____                 | _____  |
| 1"                  | D                       | 2.5                      | _____                      | _____                 | _____  |
| 1 1/2"              | D,T                     | 5.0                      | _____                      | _____                 | _____  |
| 2"                  | D,C,T                   | 8.0                      | _____                      | _____                 | _____  |
| 3"                  | D                       | 15.0                     | _____                      | _____                 | _____  |
| 3"                  | C                       | 16.0                     | _____                      | _____                 | _____  |
| 3"                  | T                       | 17.5                     | _____                      | _____                 | _____  |
| Unmetered Customers | _____                   | _____                    | _____                      | _____                 | _____  |
| Other (Specify)     | _____                   | _____                    | _____                      | _____                 | _____  |
| Total               |                         |                          | _____                      | _____                 | _____  |

\*\* D = Displacement  
C = Compound  
T = Turbine

UTILITY NAME: FIRST COAST REGIONAL UTILITY, INC.

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**PUMPING EQUIPMENT**

|   |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|
| Lift Station Number _____                     | _____ | _____ | _____ | _____ | _____ | _____ |
| Make or Type and nameplate data on pump _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____   | _____ | _____ | _____ | _____ | _____ | _____ |
| Year installed _____                          | _____ | _____ | _____ | _____ | _____ | _____ |
| Rated capacity _____                          | _____ | _____ | _____ | _____ | _____ | _____ |
| Size _____                                    | _____ | _____ | _____ | _____ | _____ | _____ |
| Power:  | _____ | _____ | _____ | _____ | _____ | _____ |
| Electric _____                                | _____ | _____ | _____ | _____ | _____ | _____ |
| Mechanical _____                              | _____ | _____ | _____ | _____ | _____ | _____ |
| Nameplate data of motor _____                 | _____ | _____ | _____ | _____ | _____ | _____ |
| _____   | _____ | _____ | _____ | _____ | _____ | _____ |

**SERVICE CONNECTIONS**

|   |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|
| Size (inches) _____   | _____ | _____ | _____ | _____ | _____ | _____ |
| Type (PVC, VCP, etc.) _____                                 | _____ | _____ | _____ | _____ | _____ | _____ |
| Average length _____  | _____ | _____ | _____ | _____ | _____ | _____ |
| Number of active service connections _____                  | _____ | _____ | _____ | _____ | _____ | _____ |
| Beginning of year _____                                     | _____ | _____ | _____ | _____ | _____ | _____ |
| Added during year _____                                     | _____ | _____ | _____ | _____ | _____ | _____ |
| Retired during year _____                                   | _____ | _____ | _____ | _____ | _____ | _____ |
| End of year _____   | _____ | _____ | _____ | _____ | _____ | _____ |
| Give full particulars concerning inactive connections _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____   | _____ | _____ | _____ | _____ | _____ | _____ |

**COLLECTING AND FORCE MAINS**

|                                     | Collecting Mains |       |       |       | Force Mains |       |       |       |
|-------------------------------------|------------------|-------|-------|-------|-------------|-------|-------|-------|
| Size (inches) _____                 | _____            | _____ | _____ | _____ | _____       | _____ | _____ | _____ |
| Type of main _____                  | _____            | _____ | _____ | _____ | _____       | _____ | _____ | _____ |
| Length of main (nearest foot) _____ | _____            | _____ | _____ | _____ | _____       | _____ | _____ | _____ |
| Beginning of year _____             | _____            | _____ | _____ | _____ | _____       | _____ | _____ | _____ |
| Added during year _____             | _____            | _____ | _____ | _____ | _____       | _____ | _____ | _____ |
| Retired during year _____           | _____            | _____ | _____ | _____ | _____       | _____ | _____ | _____ |
| End of year _____                   | _____            | _____ | _____ | _____ | _____       | _____ | _____ | _____ |

**MANHOLES**

|                           |       |       |       |       |
|---------------------------|-------|-------|-------|-------|
| Size (inches) _____       | _____ | _____ | _____ | _____ |
| Type of Manhole _____     | _____ | _____ | _____ | _____ |
| Number of Manholes:       | _____ | _____ | _____ | _____ |
| Beginning of year _____   | _____ | _____ | _____ | _____ |
| Added during year _____   | _____ | _____ | _____ | _____ |
| Retired during year _____ | _____ | _____ | _____ | _____ |
| End of Year _____         | _____ | _____ | _____ | _____ |

UTILITY NAME: FIRST COAST REGIONAL UTILITY, INC.

SYSTEM NAME: N/A

|                                     |
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**TREATMENT PLANT**

|   |       |       |       |
|---|-------|-------|-------|
| Manufacturer _____<br>Type _____<br>"Steel" or "Concrete" _____<br>Total Permitted Capacity _____<br>Average Daily Flow _____<br>Method of Effluent Disposal _____<br>Permitted Capacity of Disposal _____<br>Total Gallons of Wastewater treated _____ | _____ | _____ | _____ |
|---|-------|-------|-------|

**MASTER LIFT STATION PUMPS**

|  |       |       |       |       |       |       |
|--|-------|-------|-------|-------|-------|-------|
| Manufacturer _____<br>Capacity (GPM's) _____<br>Motor:<br>Manufacturer _____<br>Horsepower _____<br>Power (Electric or Mechanical) _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|--|-------|-------|-------|-------|-------|-------|

**PUMPING WASTEWATER STATISTICS**

| Months               | Gallons of Treated Wastewater | Effluent Reuse Gallons to Customers | Effluent Gallons Disposed of on site |
|----------------------|-------------------------------|-------------------------------------|--------------------------------------|
| January _____        | _____                         | _____                               | _____                                |
| February _____       | _____                         | _____                               | _____                                |
| March _____          | _____                         | _____                               | _____                                |
| April _____          | _____                         | _____                               | _____                                |
| May _____            | _____                         | _____                               | _____                                |
| June _____           | _____                         | _____                               | _____                                |
| July _____           | _____                         | _____                               | _____                                |
| August _____         | _____                         | _____                               | _____                                |
| September _____      | _____                         | _____                               | _____                                |
| October _____        | _____                         | _____                               | _____                                |
| November _____       | _____                         | _____                               | _____                                |
| December _____       | _____                         | _____                               | _____                                |
| Total for year _____ | _____                         | _____                               | _____                                |

If Wastewater Treatment is purchased, indicate the vendor: \_\_\_\_\_

\_\_\_\_\_

UTILITY NAME: FIRST COAST REGIONAL UTILITY, INC.

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| YEAR OF REPORT<br>DECEMBER 31, 2023 |
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SYSTEM NAME: N/A

**GENERAL WASTEWATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present number of ERCs\* now being served. \_\_\_\_\_
2. Maximum number of ERCs\* which can be served. \_\_\_\_\_
3. Present system connection capacity (in ERCs\*) using existing lines. \_\_\_\_\_
4. Future connection capacity (in ERCs\*) upon service area buildout. \_\_\_\_\_
5. Estimated annual increase in ERCs\*. \_\_\_\_\_
6. Describe any plans and estimated completion dates for any enlargements or improvements of this system  
\_\_\_\_\_  
\_\_\_\_\_
7. If the utility uses reuse as a means of effluent disposal, provide a list of the reuse end users and the amount of reuse provided to each, if known.
8. If the utility does not engage in reuse, has a reuse feasibility study been completed? \_\_\_\_\_  
If so, when? \_\_\_\_\_
9. Has the utility been required by the DEP or water management district to implement reuse? \_\_\_\_\_  
If so, what are the utility's plans to comply with this requirement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. When did the company last file a capacity analysis report with the DEP? \_\_\_\_\_
11. If the present system does not meet the requirements of DEP rules, submit the following:
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
12. Department of Environmental Protection ID # \_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/280 gallons per day).

UTILITY NAME: FIRST COAST REGIONAL UTILITIES, INC.

YEAR OF REPORT  
DECEMBER 31, 2023

# CERTIFICATION OF ANNUAL REPORT

I HEREBY CERTIFY, to the best of my knowledge and belief:

- |  |                                |    |  |
|--|--------------------------------|----|--|
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 1. | The utility is in substantial compliance with the Uniform System of Accounts prescribed by the Florida Public Service Commission in Rule 25-30.115 (1), Florida Administrative Code.   |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 2. | The utility is in substantial compliance with all applicable rules and orders of the Florida Public Service Commission.  |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 3. | There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices that could have a material effect on the financial statement of the utility.   |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 4. | The annual report fairly represents the financial condition and results of operations of the respondent for the period presented and other information and statements presented in the report as to the business affairs of the respondent are true, correct, and complete for the period for which it represents. |

### Items Certified

|                                     |                                     |                                     |                                     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| 1.                                  | 2.                                  | 3.                                  | 4.                                  |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Robert C. Kennelly</u> *                           |
|                                     |                                     |                                     |                                     | (signature of chief executive officer of the utility) |

Date: 6/10/2024

|                                     |                                     |                                     |                                     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| 1.                                  | 2.                                  | 3.                                  | 4.                                  |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Robert C. Kennelly</u> *                           |
|                                     |                                     |                                     |                                     | (signature of chief financial officer of the utility) |

Date: 6/10/2024

\* Each of the four items must be certified YES or NO. Each item need not be certified by both officers. The items being certified by the officer should be indicated in the appropriate area to the left of the signature.

Notice: Section 837.06, Florida Statutes, provides that any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his duty shall be guilty of a misdemeanor of the second degree.