

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

***ANNUAL REPORT***

OF

**HASH UTILITIES, LLC.**

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Exact Legal Name of Respondent  
Citra Highlands Water System

**679-W**

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Certificate Number(s)

*Submitted To The*

***STATE OF FLORIDA***

***PUBLIC SERVICE COMMISSION***

FOR THE

**YEAR ENDED DECEMBER 31, 2024**

**REPORT OF**

Hash Utilities, LLC.

**(EXACT NAME OF UTILITY)**

PO Box 4, Inglis, FL 34449	
Mailing Address	Street Address
	Citrus County
Telephone Number <u>(352) 613-0103</u>	Date Utility First Organized <u>1982</u>
Fax Number <u>(352) 447-5244</u>	E-mail Address <u><a href="mailto:marshall@hash.com">marshall@hash.com</a></u>
Sunshine State One-Call of Florida, Inc. Member No. <u>HU1776</u>	

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: Marshall Hash, 14185 W River Rd, Inglis, FL 34449  
(352) 613-0103

Name of subdivisions where services are provided: Citra Highlands Subdivison, Citra, Florida

**CONTACTS**

Name	Title	Principal Business Address	Salary Charged Utility
Person to send correspondence: <u>Marshall Hash</u>	<u>Owner</u>	<u>PO Box 4</u> <u>Inglis FL 3449</u>	
Person who prepared this report: <u>Marshall Hash</u>	<u>Owner</u>		
Officers and Managers: _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

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>Marshall Hash</u>	<u>100</u>		\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	

UTILITY NAME:

Hash Utilities, LLC. - Citra Highlands

YEAR OF REPORT DECEMBER 31, 2024
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**INCOME STATEMENT**

Account Name	Ref. Page	Water	Wastewater	Other	Total Company
<b>Gross Revenue:</b>					
Residential _____		\$ 73,863	\$ _____	\$ _____	\$ _____
Commercial _____		_____	_____	_____	_____
Industrial _____		_____	_____	_____	_____
Multiple Family _____		_____	_____	_____	_____
Guaranteed Revenues ___		_____	_____	_____	_____
Other (Specify) _____		_____	_____	_____	_____
<b>Total Gross Revenue</b> _____		<b>\$ 73,863</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ 73,863</b>
<b>Operation Expense (Must tie to pages W-3 and S-3)</b>					
Depreciation Expense _____	W-3 S-3	\$ 54,022	\$ _____	\$ _____	\$ _____
CIAC Amortization Expense ___	F-5	13,436	_____	_____	_____
Taxes Other Than Income ___	F-8	_____	_____	_____	_____
Income Taxes _____	F-7	3,778	_____	_____	_____
<b>Total Operating Expense</b> _____	F-7	<b>\$ 71,236</b>	<b>_____</b>	<b>_____</b>	<b>\$ 71,236</b>
<b>Net Operating Income (Loss)</b>		<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ 2,627</b>
<b>Other Income:</b>					
Nonutility Income _____		\$ _____	\$ _____	\$ _____	\$ _____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
<b>Other Deductions:</b>					
Miscellaneous Nonutility Expenses _____		\$ _____	\$ _____	\$ _____	\$ _____
Interest Expense _____		_____	_____	_____	-
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
<b>Net Income (Loss)</b>		<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ 2,627</b>



UTILITY NAME Hash Utilities, LLC. - Citra Highlands

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**GROSS UTILITY PLANT**

Plant Accounts: (101 - 107) inclusive	Water	Wastewater	Plant other than Reporting Systems	Total
Utility Plant in Service (101)	\$ 288,955	\$ _____	\$ _____	\$ _____
Construction Work in Progress (105) _____	_____	_____	_____	_____
Other (Specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Total Utility Plant _____</b>	<b>\$ 288,955</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ 288,955</b>

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

Account 108	Water	Wastewater	Other than Reporting Systems	Total
Balance First of Year _____	\$ 44811	\$ _____	\$ _____	\$ _____
<b>Add Credits During Year:</b>				
Accruals charged to depreciation account _____	\$ 13,436	\$ _____	\$ _____	\$ _____
Salvage _____	_____	_____	_____	_____
Other Credits (specify) _____	_____	_____	_____	_____
<b>Total Credits _____</b>	<b>\$ 13,436</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Deduct Debits During Year:</b>				
Book cost of plant retired _____	\$ _____	\$ _____	\$ _____	\$ _____
Cost of removal _____	_____	_____	_____	_____
Other debits (specify) _____	_____	_____	_____	_____
<b>Total Debits _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Balance End of Year _____</b>	<b>\$ 58,247</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ 58,247</b>

UTILITY NAME: Hash Utilities, LLC. - Citra Highlands

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**CAPITAL STOCK ( 201 - 204 )**

	Common Stock	Preferred Stock
Par or stated value per share _____	_____	_____
Shares authorized _____	_____	_____
Shares issued and outstanding _____	_____	_____
Total par value of stock issued _____	_____	_____
Dividends declared per share for year _____	_____	_____

**RETAINED EARNINGS ( 215 )**

	Appropriated	Un- Appropriated
Balance first of year _____	\$ <u>(14,448)</u>	\$ _____
Changes during the year (Specify):		
NOI _____	2,627	_____
_____	_____	_____
_____	_____	_____
Balance end of year _____	\$ <u>(11,821)</u>	\$ <u>0</u>

**PROPRIETARY CAPITAL ( 218 )**

	Proprietor Or Partner	Partner
Balance first of year _____	\$ _____	\$ _____
Changes during the year (Specify):		
_____	_____	_____
_____	_____	_____
Balance end of year _____	\$ <u>0</u>	\$ <u>0</u>

**LONG TERM DEBT ( 224 )**

Description of Obligation (Including Date of Issue and Date of Maturity):	Interest		Principal per Balance Sheet Date
	Rate	# of Pymts	
Bank Of America	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
Total _____			\$ _____

UTILITY NAME: Hash Utilities, LLC. - Citra Highlands

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**TAX EXPENSE**

(a)	Water (b)	Wastewater (c)	Other (d)	Total (e)
Income Taxes:				
Federal income tax _____	\$ _____	\$ _____	\$ _____	\$ _____
State income Tax _____	_____	_____	_____	_____
Taxes Other Than Income:				
Local property tax _____	\$219.37	_____	_____	_____
Regulatory assessment fee _____	\$3,323.84	_____	_____	_____
Other      LLC Fee _____	\$135.00	_____	_____	_____
DEP _____	\$100.00	_____	_____	_____
5 Yr Tank Inspection _____	_____	_____	\$4,200.00	_____
TRI Annuals 3 years _____	_____	_____	\$6,150.00	_____
Total Tax Expense _____	\$ <u>\$3,778.21</u>	\$ _____	\$ _____	\$ <u>\$3,778.21</u>

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

<p>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.</p>			
Name of Recipient	Water Amount	Wastewater Amount	Description of Service
K & M Enterprises	\$ \$4,660.00	\$ _____	System improvements
Hash Utilities	\$ \$8,917.50	\$ _____	Billing
Lab Work	\$ \$4,775.00	\$ _____	Testing
Hash	\$ \$5,100.00	\$ _____	Plant Operater
K & M Enterprises	\$ \$3,750.00	\$ _____	Plant maintaince
Hash Utilities	\$ \$3,412.00	\$ _____	Repairs
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

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**CONTRIBUTIONS IN AID OF CONSTRUCTION ( 271 )**

(a)	Water (b)	Wastewater (c)	Total (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 _____	\$ <u>4500</u>	\$ _____	\$ <u>4500</u>

**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 _____		\$ <u>0</u>	\$ _____
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.) _____		\$ <u>0</u>	\$ _____

**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.) _____	\$ <u>0</u>	\$ _____	\$ <u>0</u>

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

UTILITY NAME Hash Utilities, LLC. - Citra Highlands

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**SCHEDULE "A"**

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

Class of Capital (a)	Dollar Amount (b)	Percentage of Capital (c)	Actual Cost Rates (d)	Weighted Cost [ c x d ] (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> %		_____ %

(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: _____ %
Commission Order Number approving AFUDC rate: _____



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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_____	4,500	_____	_____	4,500
304	Structures and Improvements_____	12,470	_____	_____	12,470
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_____	6,870	_____	_____	6,870
320	Water Treatment Equipment_____	3,069	_____	_____	3,069
330	Distribution Reservoirs and Standpipes_____	30,867	1,465	_____	32,332
331	Transmission and Distribution Lines_____	106,028	_____	_____	106,028
333	Services_____	56,036	_____	_____	56,036
334	Meters and Meter Installations_____	64,455	3,195	_____	67,650
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_____	_____	_____	_____	_____
	<b>Total Water Plant_____</b>	<b>\$ 284,295</b>	<b>\$ 4,660</b>	<b>\$ _____</b>	<b>\$ 288,955</b>

UTILITY NAME: Hash Utilities, LLC. - Citra Highlands

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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		%	3.57 %	\$ 1,780	\$ 0	\$ 445	\$ 2,225
305	Collecting and Impounding Reservoirs		%	%				
306	Lake, River and Other Intakes		%	%				
307	Wells and Springs	27	%	3.70 %	0		0	0
308	Infiltration Galleries & Tunnels		%	%				
309	Supply Mains		%	%	0			0
310	Power Generating Equipment		%	%	0			0
311	Pumping Equipment	17	%	5.88 %	1,466		404	1,870
320	Water Treatment Equipment	7	%	14.29 %	3,564		982	4,546
330	Distribution Reservoirs & Standpipes	33	%	3.03 %	3,374		980	4,354
331	Trans. & Dist. Mains	38	%	2.63 %	9,713		2,789	12,502
333	Services	35	%	2.86 %	3,200		1,603	4,803
334	Meter & Meter Installations	17	%	5.88 %	21,714		6,234	27,948
335	Hydrants		%	%				
336	Backflow Prevention Devices		%	%				
339	Other Plant and Miscellaneous Equipment	25	%	4.00 %	0			0
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		%	%	0			0
348	Other Tangible Plant		%	%				
	Totals				\$ 44,811	\$ 0	\$ 13,436	\$ 58,247 *

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

**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees	\$ _____
603	Salaries and Wages - Officers, Directors, and Majority Stockholders	24,000
604	Employee Pensions and Benefits	_____
610	Purchased Water	_____
615	Purchased Power	2,237
616	Fuel for Power Production	_____
618	Chemicals	_____
620	Materials and Supplies	1,465
630	Contractual Services:	
	Billing	8,918
	Professional	5,100
	Testing (Tri Annuals)	4,775
	Other; Tank & Grounds	3,750
640	Rents	_____
650	Transportation Expense	365
655	Insurance Expense	_____
665	Regulatory Commission Expenses (Amortized Rate Case Expense)	_____
670	Bad Debt Expense	_____
675	Miscellaneous Expenses	3,412
	Total Water Operation And Maintenance Expense	\$ 54,022 *

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

**WATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customer		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
5/8"	D	1.0	132	145	145
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)	_____	_____	_____	_____	_____
<b>** D = Displacement C = Compound T = Turbine</b>			<b>Total</b>	_____	145

UTILITY NAME: Hash Utilities, LLC. - Citra Highlands

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SYSTEM NAME: CITRA HIGHLANDS WATER SYSTEM

**PUMPING AND PURCHASED WATER STATISTICS**

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [ (b)+(c)-(d) ] (e)	Water Sold To Customers (Omit 000's) (f)
January _____	_____	_____	_____	_____	0
February _____	_____	1,161	_____	_____	1,127
March _____	_____	_____	_____	_____	_____
April _____	_____	1,177	_____	_____	1,143
May _____	_____	_____	_____	_____	_____
June _____	_____	1,920	_____	_____	1,864
July _____	_____	_____	_____	_____	_____
August _____	_____	1,268	_____	_____	1,231
September _____	_____	_____	_____	_____	_____
October _____	_____	1,393	_____	_____	1,352
November _____	_____	_____	_____	_____	_____
December _____	_____	1,327	_____	_____	1,288
Total for Year _____	0	8,245	_____	_____	8,005

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 <small>(PVC, Cast Iron, Coated Steel, etc.)</small>	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
PVC Sch 40	4"	16291	_____	_____	16291
PVC Sch 40	2"	1200	_____	_____	1200
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**UTILITY NAME:** Hash Utilities, LLC. - Citra Highlands

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**SYSTEM NAME:** CITRA HIGHLANDS WATER SYSTEM

**WELLS AND WELL PUMPS**

N/A

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1987	_____	_____	_____
Types of Well Construction and Casing _____	Steel	_____	_____	_____
_____	_____	_____	_____	_____
Depth of Wells _____	123	_____	_____	_____
Diameters of Wells _____	5"	_____	_____	_____
Pump - GPM _____	90	_____	_____	_____
Motor - HP _____	5	_____	_____	_____
Motor Type * _____	Submersible	_____	_____	_____
Yields of Wells in GPD _____	187,200	_____	_____	_____
Auxiliary Power _____	None	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

N/A

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Steel	_____	_____	_____
Capacity of Tank _____	7,500	_____	_____	_____
Ground or Elevated _____	Ground	_____	_____	_____

**HIGH SERVICE PUMPING**

N/A

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer _____	None	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer _____	None	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours 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_ _ _	187,200	_____	_____
Type of Source_ _ _ _ _	Floridan Aquifer	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility: N/A			
Type_ _ _ _ _	Liquid	_____	_____
Make_ _ _ _ _	Chlorinator	_____	_____
Permitted Capacity (GPD)_ _	187,200	_____	_____
High service pumping			
Gallons per minute_ _ _ _	N/A	_____	_____
Reverse Osmosis_ _ _ _ _	N/A	_____	_____
Lime Treatment			
Unit Rating_ _ _ _ _	N/A	_____	_____
Filtration			
Pressure Sq. Ft._ _ _ _ _	N/A	_____	_____
Gravity GPD/Sq.Ft._ _ _ _		_____	_____
Disinfection			
Chlorinator_ _ _ _ _	X	_____	_____
Ozone_ _ _ _ _		_____	_____
Other_ _ _ _ _		_____	_____
Auxiliary Power_ _ _ _ _		_____	_____

UTILITY NAME: Hash Utilities, LLC. - Citra Highlands

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SYSTEM NAME: CITRA HIGHLANDS WATER SYSTEM

**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. \_\_\_\_\_ 220
2. Maximum number of ERCs \* which can be served. \_\_\_\_\_ 220
3. Present system connection capacity (in ERCs \*) using existing lines. \_\_\_\_ 220
4. Future connection capacity (in ERCs \*) upon service area buildout. \_\_\_\_ 220
5. Estimated annual increase in ERCs \*. \_\_\_\_\_
6. Is the utility required to have fire flow capacity? \_\_\_\_\_ no  
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 # \_\_\_\_\_ 3424827
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 SFR 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).

UTILITY NAME: Hash Utilities, LLC. - Citra Highlands

YEAR OF REPORT  
DECEMBER 31, 2024

# 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"/>	
				_____ *
				(signature of Chief Executive Officer of the utility)

Date: 2-Feb-25

1.	2.	3.	4.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ *
				(signature of Chief Financial Officer of the utility)

Date: \_\_\_\_\_

\* Each of the four items must be certified YES or NO. Each item need not be certified by both officer. 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.

**Reconciliation of Revenue to  
Regulatory Assessment Fee Revenue  
Water Operations  
Class C**

**Company: Hash Utilities, LLC. - Citra Highlands  
For the Year Ended December 31, 2024**

(a)	(b)	(c)	(d)
<b>Accounts</b>	<b>Gross Water Revenues Per Sch. F-3</b>	<b>Gross Water Revenues Per RAF Return</b>	<b>Difference (b) - (c)</b>
Gross Revenue:			
Residential	\$73,863.00	\$73,863.00	\$0.00
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Multiple Family	_____	_____	_____
Guaranteed Revenues	_____	_____	_____
Other	_____	_____	_____
<b>Total Water Operating Revenue</b>	<b>\$73,863.00</b>	<b>\$73,863.00</b>	<b>\$0.00</b>
<b>LESS: Expense for Purchased Water from FPSC-Regulated Utility</b>	_____	_____	_____
<b>Net Water Operating Revenues</b>	<b>\$73,863.00</b>	<b>\$73,863.00</b>	<b>\$0.00</b>

Explanations:

\$73,863.00      4.50%      \$3,323.84

Instructions:

For the current year, reconcile the gross water revenues reported on Schedule F-3 with the revenues reported on the company's regulatory assessment fee return. Explain any differences reported in column (d).