

PHONE (850) 425-6654 FAX (850) 425-6694 WEB WWW.RADEYLAW.COM MAIL POST OFFICE BOX 10967 | TALLAHASSEE, FL 32302 OFFICE 301 SOUTH BRONOUGH ST.| STE. 200| TALLAHASSEE, FL 32301

e-Mail: tcrabb@radeylaw.com

June 6, 2022

VIA Electronic Filing to the Office of Commission Clerk

Attn: Kerri Maloy, Engineering Specialist Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

Re: Docket No. 20210095-WU - Application for transfer of water facilities of Sunshine Utilities of Central Florida, Inc. and Water Certificate No. 363-W to CSWR-Florida Utility Operating Company, LLC, in Marion County.

Dear Ms. Maloy:

Please find enclosed copies of the following Consumptive Use Permit Transfer Requests filed by CSWR-Florida Utility Operating Company with the St. Johns River Water Management District:

- Florida Heights CUP 3131;
- Fore Oaks CUP 3013;
- Oakhaven CUP 3080;
- Oakhurst Subdivision CUP 3132;
- Ocala Heights CUP 3019;
- South Marion Regional Water System CUP 2993;
- Sunray Estates CUP 3130;
- Sunlight Acres CUP 2996;
- Whispering Sands CUP 6850; and
- Winding Waters CUP 3093.

Thank you for your continued assistance with this docket.

Sincerely, /s/ Thomas A. Crabb Thomas A. Crabb Attorney for CSWR-FL UOC





St. Johns River Water Management District

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500 Transfer requests may also be submitted electronically at *floridaswater.com*.

Persons who wish to continue an existing, permitted water use and who have acquired ownership or legal control of permitted water withdrawal or diversion facilities or the land on which the facilities are located must submit a request to transfer the consumptive use permit (CUP) in accordance with Rule 40C-1.612, F.A.C. Although the use of this form is not required, it can facilitate transfer of the CUP.

If you wish to change the permitted authorization (e.g., change project acreage, use type, or any activity authorized by the existing CUP), please be advised that a separate modification of the CUP will be required. The transfer of a permit does not relieve the new landowner from obtaining any necessary federal, state, local, or other District authorizations.

SECTION I - CONTACT INFORMATION

1. APPLICANT (Complete legal name in which permit should be issued)

NAME: CSWR-Florida Utility Operating Company, LLC

If applicant is a business, provide a contact person: Josiah Cox

ADDRESS: 1630 Des Peres Rd., Suite 140Des Peres FL 63131

CITY, STATE, ZIP: Des Peres FL 63131

PHONE: (314) 736-4672 CELL PHONE:

EMAIL ADDRESS: jcox@cswrgroup.com

Do you want all correspondence to be transmitted electronically to this email address?
Yes No Applicant is: Owner Lessee* Other (explain)

*Attach copy of current lease, or written authorization from property owner

2. **OWNER** (If different than applicant)

NAME: Josiah Cox, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: <u>Des Peres FL 63131</u> PHONE:

CELL PHONE:

EMAIL ADDRESS:jcox@cswrgroup.com

4. COMPLIANCE CONTACT (Person responsible for ensuring that the permit conditions are met)

NAME: Mandy Sappington, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: <u>Des Peres FL 63131</u> PHONE:

CELL PHONE: (314) 464-3976

	SECTION II - PROJECT INFORMATION
1.	CONSUMPTIVE USE PERMIT NO. : 3131
2.	NEW PROJECT NAME : Florida Heights COUNTY: Marion
	PHYSICAL ADDRESS:
	PARCEL ID(s):
	SECTION III - PERMITTEE DECLARATION OR DECLARATION OF NO ACCESS
1.	CURRENT PERMITTEE'S DECLARATION TO TRANSFER PERMIT
	If permittee is a business entity, provide a contact person:
	Attach documentation showing the contact person is an authorized agent of the permittee. ADDRESS:
	CITY, STATE, ZIP:
	PHONE: CELL PHONE:
	EMAIL ADDRESS:
	I hereby request that the St. Johns River Water Management District transfer and assign all rights and privileges conferred by the permit listed above to the transfer recipient.
	NAME SIGNATURE DATE (print or type)
2.	DECLARATION OF NO ACCESS (Only complete this section if the current permittee does not sign Section III, part 1, shown above.)
	I swear or affirm the truth of the following statements, with the knowledge that the SJRWMD will be relying upon these representations.
	I, <u>Josiah Cox</u> , acquired ownership or legal control of the permitted water (name)
	withdrawal or diversion facilities or the land on which the facilities are located on 03-JUN-22 (date)
	from <u>CH Utility Holdings, LLC</u> , the person or entity currently holding permit number <u>3093</u> (CUP No.)
	The current permittee retained no right of interest in the property or the permitted facilities. The current permittee has no right of access to the facilities located on the property and I will not grant the current permittee any access to the facilities.

Josiah Cox		03-JUN-22
NAME	SIGNATURE	DATE
(print or type)		
arm No. 40C 2 000(14) offective Nevember 2, 2015		

Form No. 40C-2.900(14), effective November 3, 2015 Incorporated by reference in Rule 40C-2.900(14), F.A.C. Page 2 of 3

The undersigned hereby notifies the District that I have acquired ownership or legal control of the permitted water withdrawal or diversion facilities or the land on which the facilities are located. I request that the permit be transferred and that it reflect that I agree to be the new permittee and I agree to continue to use water in the same manner as the current permittee (unless I first obtain a permit modification). By so doing, I acknowledge that I have examined the permit terms and conditions, and agree to accept all rights and obligations as permittee, including agreeing to be liable for compliance with all of the permit terms and conditions, and to be liable for any corrective actions required as a result of any violations of the permit after approval of this transfer by the District.

I certify all of the information provided on this form and in any attachment to it is correct. I understand that any material false statement in an application to continue, initiate, or modify a use, or any material false statement in any report or statement of fact required of the permittee, may result in revocation, in whole or in part, of the permit (Section 373.243(1), F.S.).

Josiah Cox APPLICANT'S NAME (print or type)	APPLISANT'S SIGNATURE	03-JUN-22 DATE
AUTHORIZED AGENT'S NAME (print or type)	AUTHORIZED AGENT'S SIGNATURE	DATE





St. Johns River Water Management District

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If you wish to change the permitted authorization (e.g., change project acreage, use type, or any activity authorized by the existing CUP), please be advised that a separate modification of the CUP will be required. The transfer of a permit does not relieve the new landowner from obtaining any necessary federal, state, local, or other District authorizations.

SECTION I - CONTACT INFORMATION

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NAME: CSWR-Florida Utility Operating Company, LLC

If applicant is a business, provide a contact person: Josiah Cox

ADDRESS: 1630 Des Peres Rd., Suite 140Des Peres FL 63131

CITY, STATE, ZIP: Des Peres FL 63131

PHONE: (314) 736-4672 CELL PHONE:

EMAIL ADDRESS: jcox@cswrgroup.com

Do you want all correspondence to be transmitted electronically to this email address?
Yes No Applicant is: Owner Lessee* Other (explain)

*Attach copy of current lease, or written authorization from property owner

2. **OWNER** (If different than applicant)

NAME: Josiah Cox, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: <u>Des Peres FL 63131</u> PHONE:

CELL PHONE:

EMAIL ADDRESS:jcox@cswrgroup.com

4. COMPLIANCE CONTACT (Person responsible for ensuring that the permit conditions are met)

NAME: Mandy Sappington, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: Des Peres FL 63131 PHONE:

CELL PHONE: (314) 464-3976

SECTION II – PROJECT INFORMATION

1. CONSUMPTIVE USE PERMIT NO.: 301

2. NEW PROJECT NAME : Fore Oaks COUNTY: Marion

PHYSICAL ADDRESS:

PARCEL ID(s):

SECTION III - PERMITTEE DECLARATION OR DECLARATION OF NO ACCESS

1. CURRENT PERMITTEE'S DECLARATION TO TRANSFER PERMIT

NAME:	Ν	A	M	E:
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If permittee is a business entity, provide a contact person: _____

Attach documentation showing the contact person is an authorized agent of the permittee.

CELL PHONE:

ADDRESS:

CITY, STATE, ZIP: _____

PHONE:

EMAIL ADDRESS:

I hereby request that the St. Johns River Water Management District transfer and assign all rights and privileges conferred by the permit listed above to the transfer recipient.

NAME (print or type) SIGNATURE

DATE

2. DECLARATION OF NO ACCESS

(Only complete this section if the current permittee does not sign Section III, part 1, shown above.)

I swear or affirm the truth of the following statements, with the knowledge that the SJRWMD will be relying upon these representations.

١. – Josiah Cox , acquired ownership or legal control of the permitted water (name)

withdrawal or diversion facilities or the land on which the facilities are located on 03-JUN-22

(date)

from Sunshine Utilities of Central Florida, Inc. , the person or entity currently holding permit number 3013

(name)

(CUP No.)

The current permittee retained no right or interest in the property or the permitted facilities. The current permittee has no right of access to the facilities located on the property and I will not grant the current permittee any access to the facilities.

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		i.	۸	8	A	r

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NAME

SIGNATURE

03-JUN-22 DATE

The undersigned hereby notifies the District that I have acquired ownership or legal control of the permitted water withdrawal or diversion facilities or the land on which the facilities are located. I request that the permit be transferred and that it reflect that I agree to be the new permittee and I agree to continue to use water in the same manner as the current permittee (unless I first obtain a permit modification). By so doing, I acknowledge that I have examined the permit terms and conditions, and agree to accept all rights and obligations as permittee, including agreeing to be liable for compliance with all of the permit terms and conditions, and to be liable for any corrective actions required as a result of any violations of the permit after approval of this transfer by the District.

I certify all of the information provided on this form and in any attachment to it is correct. I understand that any material false statement in an application to continue, initiate, or modify a use, or any material false statement in any report or statement of fact required of the permittee, may result in revocation, in whole or in part, of the permit (Section 373.243(1), F.S.).

1

Josiah Cox APPLICANT'S NAME (print or type)	APPLICANT'S SIGNATURE	03-JUN-22 DATE
AUTHORIZED AGENT'S NAME (print or type)	AUTHORIZED AGENT'S SIGNATURE	DATE





St. Johns River Water Management District

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If you wish to change the permitted authorization (e.g., change project acreage, use type, or any activity authorized by the existing CUP), please be advised that a separate modification of the CUP will be required. The transfer of a permit does not relieve the new landowner from obtaining any necessary federal, state, local, or other District authorizations.

SECTION I – CONTACT INFORMATION

1. **APPLICANT** (Complete legal name in which permit should be issued)

NAME: CSWR-Florida Utility Operating Company, LLC

If applicant is a business, provide a contact person: Josiah Cox

ADDRESS:	<u>1630 D</u>	es F	Peres	Rd.,	Suite	140Des	Peres	FL	6313	1

CITY, STATE, ZIP: Des Peres FL 63131

PHONE: (314) 736-4672 CELL PHONE:

EMAIL ADDRESS: jcox@cswrgroup.com

Do you want all correspondence to be transmitted electronically to this email address?
Yes No Applicant is: Owner Lessee* Other (explain)

*Attach copy of current lease, or written authorization from property owner

2. **OWNER** (If different than applicant)

NAME: Josiah Cox, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: Des Peres FL 63131

PHONE:

CELL PHONE:

EMAIL ADDRESS:jcox@cswrgroup.com

4. COMPLIANCE CONTACT (Person responsible for ensuring that the permit conditions are met)

NAME: Mandy Sappington, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: <u>Des Peres FL 63131</u> PHONE:

CELL PHONE: (314) 464-3976

SECTION	II - PRO	JECT IN	FORMATION
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1. CONSUMPTIVE USE PE	RMIT NO. :	3080
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2. NEW PROJECT NAME : Oakhaven COUNTY: Marion

PHYSICAL ADDRESS:

PARCEL ID(s):______

SECTION III – PERMITTEE DECLARATION OR DECLARATION OF NO ACCESS

1. CURRENT PERMITTEE'S DECLARATION TO TRANSFER PERMIT

NA	١M	E:
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If permittee is a business entity, provide a contact person:

Attach documentation showing the contact person is an authorized agent of the permittee.

ADDRESS:

CITY, STATE, ZIP: _____

PHONE:

EMAIL ADDRESS:

I hereby request that the St. Johns River Water Management District transfer and assign all rights and privileges conferred by the permit listed above to the transfer recipient.

NAME (print or type) SIGNATURE

CELL PHONE:

DATE

2. DECLARATION OF NO ACCESS

(Only complete this section if the current permittee does not sign Section III, part 1, shown above.)

I swear or affirm the truth of the following statements, with the knowledge that the SJRWMD will be relying upon these representations.

Ι, Josiah Cox , acquired ownership or legal control of the permitted water (name)

withdrawal or diversion facilities or the land on which the facilities are located on 03-JUN-22

(date) from <u>CH Utility Holdings, LLC</u>, the person or entity currently holding permit number 3080 (name) (CUP No.)

The current permittee retained no right or interest in the property or the permitted facilities. The current permittee has no right of access to the facilities located on the property and I will not grant the current permittee any access to the facilities.

Josiah Cox
NAME
(print or type)

SIGNATURE

03-JUN-22 DATE

The undersigned hereby notifies the District that I have acquired ownership or legal control of the permitted water withdrawal or diversion facilities or the land on which the facilities are located. I request that the permit be transferred and that it reflect that I agree to be the new permittee and I agree to continue to use water in the same manner as the current permittee (unless I first obtain a permit modification). By so doing, I acknowledge that I have examined the permit terms and conditions, and agree to accept all rights and obligations as permittee, including agreeing to be liable for compliance with all of the permit terms and conditions, and to be liable for any corrective actions required as a result of any violations of the permit after approval of this transfer by the District.

I certify all of the information provided on this form and in any attachment to it is correct. I understand that any material false statement in an application to continue, initiate, or modify a use, or any material false statement in any report or statement of fact required of the permittee, may result in revocation, in whole or in part, of the permit (Section 373.243(1), F.S.).

Josiah Cox APPLICANT'S NAME (print or type)	APPLICANT'S SIGNATURE	03-JUN-22 DATE
AUTHORIZED AGENT'S NAME (print or type)	AUTHORIZED AGENT'S SIGNATURE	DATE

(If an agent is signing on behalf of the applicant, please provide separate documentation showing authorization to act on behalf of the applicant.)

1





St. Johns River Water Management District

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SECTION I - CONTACT INFORMATION

1. **APPLICANT** (Complete legal name in which permit should be issued)

NAME: CSWR-Florida Utility Operating Company, LLC

If applicant is a business, provide a contact person: Josiah Cox

ADDRESS: 1630 Des Peres Rd., Suite 140Des Peres FL 63131

CITY, STATE, ZIP: Des Peres FL 63131

PHONE: (314) 736-4672 CELL PHONE:

EMAIL ADDRESS: jcox@cswrgroup.com

*Attach copy of current lease, or written authorization from property owner

2. **OWNER** (If different than applicant)

NAME: Josiah Cox, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: <u>Des Peres FL 63131</u> PHONE:

CELL PHONE:

EMAIL ADDRESS:jcox@cswrgroup.com

4. COMPLIANCE CONTACT (Person responsible for ensuring that the permit conditions are met)

NAME: Mandy Sappington, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: <u>Des Peres FL 63131</u> PHONE:

CELL PHONE: (314) 464-3976

SECT	ION II - PROJECT INFORMATION	
1. CONSUMPTIVE USE PERMIT NO	0. : <u>3132</u>	
2. NEW PROJECT NAME : Oakhu	rst Subdivision COUNTY:	Marion
PHYSICAL ADDRESS:		
SECTION III – PERMITTEE	DECLARATION OR DECLARATION	ON OF NO ACCESS
1. CURRENT PERMITTEE'S DECLA	ARATION TO TRANSFER PERMIT	
NAME:		
lf permittee is a business entity, p	rovide a contact person:	
•	e contact person is an authorized age	·
EMAIL AUDKESS:		
NAME (print or type)	listed above to the transfer recipient.	DATE
2. DECLARATION OF NO ACCESS		a n III. port 1. okewn okewe)
	current permittee does not sign Section Ilowing statements, with the knowled s.	
(name)	ership or legal control of the permitted	
from <u>CH Utility Holdings, LLC</u> (name)	or the land on which the facilities are l , the person or entity currently holding	(date)
	right of interest in the property or the o the facilities located on the property es.	
Josiah Cox NAME	SIGNATURE	03-JUN-22 DATE
(print or type)	SIGNATURE	DATE
Form No. 40C-2.900(14), effective November 3, 201 Incorporated by reference in Rule 40C-2.900(14), F.		

The undersigned hereby notifies the District that I have acquired ownership or legal control of the permitted water withdrawal or diversion facilities or the land on which the facilities are located. I request that the permit be transferred and that it reflect that I agree to be the new permittee and I agree to continue to use water in the same manner as the current permittee (unless I first obtain a permit modification). By so doing, I acknowledge that I have examined the permit terms and conditions, and agree to accept all rights and obligations as permittee, including agreeing to be liable for compliance with all of the permit terms and conditions, and to be liable for any corrective actions required as a result of any violations of the permit after approval of this transfer by the District.

I certify all of the information provided on this form and in any attachment to it is correct. I understand that any material false statement in an application to continue, initiate, or modify a use, or any material false statement in any report or statement of fact required of the permittee, may result in revocation, in whole or in part, of the permit (Section 373.243(1), F.S.).

Josiah Cox APPLICANT'S NAME (print or type)	APPLISANT'S SIGNATURE	03-JUN-22 DATE
AUTHORIZED AGENT'S NAME (print or type)	AUTHORIZED AGENT'S SIGNATURE	DATE





St. Johns River Water Management District

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NAME: CSWR-Florida Utility Operating Company, LLC

If applicant is a business, provide a contact person: Josiah Cox

ADDRESS: 1630 Des Peres Rd., Suite 140Des Peres FL 63131

CITY, STATE, ZIP: Des Peres FL 63131

PHONE: (314) 736-4672

CELL PHONE: (314) 464-3618

EMAIL ADDRESS: jcox@cswrgroup.com

Do you want all correspondence to be transmitted electronically to this email address? Yes No Applicant is: Owner Lessee* Other (explain) *Attach copy of current lease, or written authorization from property owner

2. **OWNER** (If different than applicant)

NAME: Josiah Cox, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: <u>Des Peres FL 63131</u> PHONE:

CELL PHONE: (314) 464-3618

EMAIL ADDRESS:jcox@cswrgroup.com

4. COMPLIANCE CONTACT (Person responsible for ensuring that the permit conditions are met)

NAME: Mandy Sappington, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: Des Peres FL 63131 PHONE:

CELL PHONE: (314) 464-3976

SECTION II -	PROJECT	INFORMATION
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1.	CONSUMP	TIVE USE	PERMIT NC). :	3019

2. NEW PROJECT NAME : Ocala Heights COUNTY: Marion

PHYSICAL ADDRESS:

PARCEL ID(s):

SECTION III - PERMITTEE DECLARATION OR DECLARATION OF NO ACCESS

1. CURRENT PERMITTEE'S DECLARATION TO TRANSFER PERMIT

If permittee is a business entity, provide a contact person:

Attach documentation showing the contact person is an authorized agent of the permittee.

ADDRESS:

CITY, STATE, ZIP: _____

PHONE:

EMAIL ADDRESS:

I hereby request that the St. Johns River Water Management District transfer and assign all rights and privileges conferred by the permit listed above to the transfer recipient.

NAME (print or type) SIGNATURE

CELL PHONE:

DATE

2. DECLARATION OF NO ACCESS

(Only complete this section if the current permittee does not sign Section III, part 1, shown above.)

I swear or affirm the truth of the following statements, with the knowledge that the SJRWMD will be relying upon these representations.

I, <u>Josiah Cox</u>, acquired ownership or legal control of the permitted water (name)

withdrawal or diversion facilities or the land on which the facilities are located on 03-JUN-22

(date)

from <u>CH Utility Holdings, LLC</u>, the person or entity currently holding permit number <u>3019</u> (name) (CUP No.)

The current permittee retained no right or interest in the property or the permitted facilities. The current permittee has no right of access to the facilities located on the property and I will not grant the current permittee any access to the facilities.

Josiah Cox	
NAME	
(print or type)	

11	~
STO	NATURE

03-JUN-22 DATE

The undersigned hereby notifies the District that I have acquired ownership or legal control of the permitted water withdrawal or diversion facilities or the land on which the facilities are located. I request that the permit be transferred and that it reflect that I agree to be the new permittee and I agree to continue to use water in the same manner as the current permittee (unless I first obtain a permit modification). By so doing, I acknowledge that I have examined the permit terms and conditions, and agree to accept all rights and obligations as permittee, including agreeing to be liable for compliance with all of the permit terms and conditions, and to be liable for any corrective actions required as a result of any violations of the permit after approval of this transfer by the District.

I certify all of the information provided on this form and in any attachment to it is correct. I understand that any material false statement in an application to continue, initiate, or modify a use, or any material false statement in any report or statement of fact required of the permittee, may result in revocation, in whole or in part, of the permit (Section 373.243(1), F.S.).

Josiah Cox APPLICANT'S NAME (print or type)	APPLICANT'S SIGNATURE	03-JUN-22 DATE
AUTHORIZED AGENT'S NAME (print or type)	AUTHORIZED AGENT'S SIGNATURE	DATE





St. Johns River Water Management District

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NAME: CSWR-Florida Utility Operating Company, LLC

If applicant is a business, provide a contact person: Josiah Cox

ADDRESS: 1630 Des Peres Rd., Suite 140Des Peres MO 63131

CITY, STATE, ZIP: Des Peres MO 63131

PHONE: (314) 736-4672 CELL PHONE:

EMAIL ADDRESS: jcox@cswrgroup.com

Do you want all correspondence to be transmitted electronically to this email address?
Yes No Applicant is: Owner Lessee* Other (explain)

*Attach copy of current lease, or written authorization from property owner

2. **OWNER** (If different than applicant)

NAME: Josiah Cox, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: Des Peres MO 63131
PHONE: CELL PHONE:

EMAIL ADDRESS:jcox@cswrgroup.com

4. COMPLIANCE CONTACT (Person responsible for ensuring that the permit conditions are met)

NAME: Mandy Sappington, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: <u>Des Peres MO 63131</u> PHONE:

CELL PHONE: (314) 464-3976

1. CONSUMPTIVE USE PERMIT NO. : 2993

2. NEW PROJECT NAME : <u>South Marion Regional Water System</u> COUNTY: Marion

PHYSICAL ADDRESS:

PARCEL ID(s): _____

SECTION III – PERMITTEE DECLARATION OR DECLARATION OF NO ACCESS

1. CURRENT PERMITTEE'S DECLARATION TO TRANSFER PERMIT

N I	•	Α.	A 1	_	
N	Α	-n.	/11	_	

If permittee is a business entity, provide a contact person: _____

Attach documentation showing the contact person is an authorized agent of the permittee.

ADDRESS:

CITY, STATE, ZIP: _____

PHONE:

EMAIL ADDRESS:

I hereby request that the St. Johns River Water Management District transfer and assign all rights and privileges conferred by the permit listed above to the transfer recipient.

NAME (print or type) SIGNATURE

CELL PHONE:

DATE

2. DECLARATION OF NO ACCESS

(Only complete this section if the current permittee does not sign Section III, part 1, shown above.)

I swear or affirm the truth of the following statements, with the knowledge that the SJRWMD will be relying upon these representations.

I, Josiah Cox , acquired ownership or legal control of the permitted water

(name)

withdrawal or diversion facilities or the land on which the facilities are located on 03-JUN-22

(date)

from <u>CH Utility Holdings, LLC</u> , the person or entity currently holding permit number <u>3093</u> (name) (CUP No.)

The current permittee retained no right of interest in the property or the permittee facilities. The current permittee has no right of access to the facilities located on the property and I will not grant the current permittee any access to the facilities.

Josiah Cox	<u>03-JUN-22</u>
NAME	SIGNATURE DATE
(print or type)	

The undersigned hereby notifies the District that I have acquired ownership or legal control of the permitted water withdrawal or diversion facilities or the land on which the facilities are located. I request that the permit be transferred and that it reflect that I agree to be the new permittee and I agree to continue to use water in the same manner as the current permittee (unless I first obtain a permit modification). By so doing, I acknowledge that I have examined the permit terms and conditions, and agree to accept all rights and obligations as permittee, including agreeing to be liable for compliance with all of the permit terms and conditions, and to be liable for any corrective actions required as a result of any violations of the permit after approval of this transfer by the District.

I certify all of the information provided on this form and in any attachment to it is correct. I understand that any material false statement in an application to continue, initiate, or modify a use, or any material false statement in any report or statement of fact required of the permittee, may result in revocation, in whole or in part, of the permit (Section 373.243(1), F.S.).

Josiah Cox APPLICANT'S NAME (print or type)	APPLISANT'S SIGNATURE	03-JUN-22 DATE
AUTHORIZED AGENT'S NAME (print or type)	AUTHORIZED AGENT'S SIGNATURE	DATE





St. Johns River Water Management District

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500 Transfer requests may also be submitted electronically at *floridaswater.com*.

Persons who wish to continue an existing, permitted water use and who have acquired ownership or legal control of permitted water withdrawal or diversion facilities or the land on which the facilities are located must submit a request to transfer the consumptive use permit (CUP) in accordance with Rule 40C-1.612, F.A.C. Although the use of this form is not required, it can facilitate transfer of the CUP.

If you wish to change the permitted authorization (e.g., change project acreage, use type, or any activity authorized by the existing CUP), please be advised that a separate modification of the CUP will be required. The transfer of a permit does not relieve the new landowner from obtaining any necessary federal, state, local, or other District authorizations.

SECTION I - CONTACT INFORMATION

1. **APPLICANT** (Complete legal name in which permit should be issued)

NAME: CSWR-Florida Utility Operating Company, LLC

If applicant is a business, provide a contact person: Josiah Cox

ADDRESS: 1630 Des Peres Rd., Suite 140Des Peres FL 63131

CITY, STATE, ZIP: Des Peres FL 63131

PHONE: (314) 736-4672 CELL PHONE:

EMAIL ADDRESS: jcox@cswrgroup.com

Do you want all correspondence to be transmitted electronically to this email address?
Yes No Applicant is: Owner Lessee* Other (explain)

*Attach copy of current lease, or written authorization from property owner

2. **OWNER** (If different than applicant)

NAME: Josiah Cox, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: Des Peres FL 63131 PHONE: CELL PHONE:

EMAIL ADDRESS:jcox@cswrgroup.com

4. COMPLIANCE CONTACT (Person responsible for ensuring that the permit conditions are met)

NAME: Mandy Sappington, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: <u>Des Peres FL 63131</u> PHONE:

CELL PHONE: (314) 464-3976

	SEC		
•	CONSUMPTIVE USE PERMIT	NO.: <u>3130</u>	-
	NEW PROJECT NAME : Sum	ray Estates COUNTY	: Marion
	PHYSICAL ADDRESS:		
E	SECTION III – PERMITTE	EE DECLARATION OR DECLARA	TION OF NO ACCESS
•		LARATION TO TRANSFER PERMI	-
	NAME:		
		, provide a contact person:	
	-	the contact person is an authorized a	
		CELL PHONE:	
	EMAIL ADDRESS:		
		hns River Water Management District nit listed above to the transfer recipie	t transfer and assign all rights a nt.
		hns River Water Management District	t transfer and assign all rights a
	NAME (print or type)	hns River Water Management District nit listed above to the transfer recipie SIGNATURE	t transfer and assign all rights a nt.
	NAME (print or type) DECLARATION OF NO ACCES (Only complete this section if the	hns River Water Management District nit listed above to the transfer recipie SIGNATURE SS e current permittee does not sign Sec following statements, with the knowle	t transfer and assign all rights a nt. DATE tion III, part 1, shown above.)
-	privileges conferred by the perm NAME (print or type) DECLARATION OF NO ACCES (Only complete this section if the l swear or affirm the truth of the relying upon these representation I, <u>Josiah Cox</u> , acquired ow (name)	hns River Water Management District nit listed above to the transfer recipie SIGNATURE SS e current permittee does not sign Sect following statements, with the knowle ons.	t transfer and assign all rights a nt. DATE tion III, part 1, shown above.) edge that the SJRWMD will be ted water
-	privileges conferred by the perm NAME (print or type) DECLARATION OF NO ACCES (Only complete this section if the l swear or affirm the truth of the relying upon these representation I, <u>Josiah Cox</u> , acquired ow (name)	hns River Water Management District nit listed above to the transfer recipie SIGNATURE SS e current permittee does not sign Sec following statements, with the knowle	t transfer and assign all rights a nt. DATE tion III, part 1, shown above.) edge that the SJRWMD will be ted water
	NAME (print or type) DECLARATION OF NO ACCES (Only complete this section if the I swear or affirm the truth of the relying upon these representation I, Josiah Cox (name) withdrawal or diversion facilities from Sunshine Utilities of Cer	hns River Water Management District nit listed above to the transfer recipie SIGNATURE SS e current permittee does not sign Sec following statements, with the knowle ons. whership or legal control of the permit s or the land on which the facilities ar	t transfer and assign all rights a nt. DATE tion III, part 1, shown above.) edge that the SJRWMD will be ted water re located on <u>03-JUN-22</u> ,
	NAME (print or type) DECLARATION OF NO ACCES (Only complete this section if the I swear or affirm the truth of the relying upon these representation I, <u>Josiah Cox</u> , acquired ow (name) withdrawal or diversion facilities	hns River Water Management District nit listed above to the transfer recipie SIGNATURE SS e current permittee does not sign Sec following statements, with the knowle ons. whership or legal control of the permit s or the land on which the facilities ar	t transfer and assign all rights a nt. DATE tion III, part 1, shown above.) edge that the SJRWMD will be ted water re located on <u>03-JUN-22</u> , (date)
	NAME (print or type) DECLARATION OF NO ACCES (Only complete this section if the I swear or affirm the truth of the relying upon these representation I, <u>Josiah Cox</u> , acquired ow (name) withdrawal or diversion facilities from <u>Sunshine Utilities of Cer</u> number <u>3130</u> (name) The current permittee retained r	hns River Water Management District nit listed above to the transfer recipie SIGNATURE SS e current permittee does not sign Sect following statements, with the knowl ons. whership or legal control of the permit s or the land on which the facilities ar ntral Florida, Inc , the person or e	t transfer and assign all rights a nt. DATE tion III, part 1, shown above.) edge that the SJRWMD will be ted water re located on <u>03-JUN-22</u> , (date) ntity currently holding permit (CUP No.)

2

The undersigned hereby notifies the District that I have acquired ownership or legal control of the permitted water withdrawal or diversion facilities or the land on which the facilities are located. I request that the permit be transferred and that it reflect that I agree to be the new permittee and I agree to continue to use water in the same manner as the current permittee (unless I first obtain a permit modification). By so doing, I acknowledge that I have examined the permit terms and conditions, and agree to accept all rights and obligations as permittee, including agreeing to be liable for compliance with all of the permit terms and conditions, and to be liable for any corrective actions required as a result of any violations of the permit after approval of this transfer by the District.

I certify all of the information provided on this form and in any attachment to it is correct. I understand that any material false statement in an application to continue, initiate, or modify a use, or any material false statement in any report or statement of fact required of the permittee, may result in revocation, in whole or in part, of the permit (Section 373.243(1), F.S.).

Josiah Cox APPLICANT'S NAME (print or type)	APPLICANT'S SIGNATURE	03-JUN-22 DATE
AUTHORIZED AGENT'S NAME (print or type)	AUTHORIZED AGENT'S SIGNATURE	DATE





St. Johns River Water Management District

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500 Transfer requests may also be submitted electronically at *floridaswater.com*.

Persons who wish to continue an existing, permitted water use and who have acquired ownership or legal control of permitted water withdrawal or diversion facilities or the land on which the facilities are located must submit a request to transfer the consumptive use permit (CUP) in accordance with Rule 40C-1.612, F.A.C. Although the use of this form is not required, it can facilitate transfer of the CUP.

If you wish to change the permitted authorization (e.g., change project acreage, use type, or any activity authorized by the existing CUP), please be advised that a separate modification of the CUP will be required. The transfer of a permit does not relieve the new landowner from obtaining any necessary federal, state, local, or other District authorizations.

SECTION I - CONTACT INFORMATION

1. **APPLICANT** (Complete legal name in which permit should be issued)

NAME: CSWR-Florida Utility Operating Company, LLC

If applicant is a business, provide a contact person: Josiah Cox

ADDRESS: 1630 Des Peres Rd., Suite 140Des Peres FL 63131

CITY, STATE, ZIP: Des Peres FL 63131

PHONE: (314) 736-4672 CELL PHONE:

EMAIL ADDRESS: jcox@cswrgroup.com

Do you want all correspondence to be transmitted electronically to this email address?
Yes No Applicant is: Owner Lessee* Other (explain)

*Attach copy of current lease, or written authorization from property owner

2. **OWNER** (If different than applicant)

PHONE:

NAME: Josiah Cox, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: Des Peres FL 63131

CELL PHONE:

EMAIL ADDRESS:jcox@cswrgroup.com

4. COMPLIANCE CONTACT (Person responsible for ensuring that the permit conditions are met)

NAME: Mandy Sappington, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: <u>Des Peres FL 63131</u> PHONE:

CELL PHONE: (314) 464-3976

	SECTION II – PROJECT INFORMATION
1.	CONSUMPTIVE USE PERMIT NO. : 2996
2.	NEW DDO JECT NAME & Suplight Acros COUNTY, Marian
Ζ.	
	PHYSICAL ADDRESS:
	PARCEL ID(s):
	SECTION III - PERMITTEE DECLARATION OR DECLARATION OF NO ACCESS
1.	CURRENT PERMITTEE'S DECLARATION TO TRANSFER PERMIT
	If permittee is a business entity, provide a contact person:
	Attach documentation showing the contact person is an authorized agent of the permittee.
	CITY, STATE, ZIP:
	PHONE: CELL PHONE:
	EMAIL ADDRESS:
	I hereby request that the St. Johns River Water Management District transfer and assign all rights and privileges conferred by the permit listed above to the transfer recipient.
	NAME SIGNATURE DATE (print or type)
2.	DECLARATION OF NO ACCESS (Only complete this section if the current permittee does not sign Section III, part 1, shown above.)
	I swear or affirm the truth of the following statements, with the knowledge that the SJRWMD will be relying upon these representations.
	I, <u>Josiah Cox</u> , acquired ownership or legal control of the permitted water (name) withdrawal or diversion facilities or the land on which the facilities are located on <u>03-JUN-22</u> ,
	(date) (date) from Sunshine Utilities of Central Florida Inc , the person or entity currently holding permit number
	2996 (name) (CUP No.)
	The current permittee retained no right or interest in the property or the permitted facilities. The current permittee has no right of access to the facilities located on the property and I will not grant the current permittee any access to the facilities.
	Josiah Cox 03-JUN-22 NAME SIGNATURE DATE
	n No. 40C-2.900(14), effective November 3, 2015 rporated by reference in Rule 40C-2.900(14), F.A.C. Page 2 of 4

The undersigned hereby notifies the District that I have acquired ownership or legal control of the permitted water withdrawal or diversion facilities or the land on which the facilities are located. I request that the permit be transferred and that it reflect that I agree to be the new permittee and I agree to continue to use water in the same manner as the current permittee (unless I first obtain a permit modification). By so doing, I acknowledge that I have examined the permit terms and conditions, and agree to accept all rights and obligations as permittee, including agreeing to be liable for compliance with all of the permit terms and conditions, and to be liable for any corrective actions required as a result of any violations of the permit after approval of this transfer by the District.

I certify all of the information provided on this form and in any attachment to it is correct. I understand that any material false statement in an application to continue, initiate, or modify a use, or any material false statement in any report or statement of fact required of the permittee, may result in revocation, in whole or in part, of the permit (Section 373.243(1), F.S.).

Josiah Cox APPLICANT'S NAME (print or type)	APPLICANT'S SIGNATURE	03-JUN-22 DATE
AUTHORIZED AGENT'S NAME (print or type)	AUTHORIZED AGENT'S SIGNATURE	DATE





St. Johns River Water Management District

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500 Transfer requests may also be submitted electronically at *floridaswater.com*.

Persons who wish to continue an existing, permitted water use and who have acquired ownership or legal control of permitted water withdrawal or diversion facilities or the land on which the facilities are located must submit a request to transfer the consumptive use permit (CUP) in accordance with Rule 40C-1.612, F.A.C. Although the use of this form is not required, it can facilitate transfer of the CUP.

If you wish to change the permitted authorization (e.g., change project acreage, use type, or any activity authorized by the existing CUP), please be advised that a separate modification of the CUP will be required. The transfer of a permit does not relieve the new landowner from obtaining any necessary federal, state, local, or other District authorizations.

SECTION I – CONTACT INFORMATION

1. **APPLICANT** (Complete legal name in which permit should be issued)

NAME: CSWR-Florida Utility Operating Company, LLC

If applicant is a business, provide a contact person: <u>Josiah Cox</u>

ADDRESS: 1630 Des Peres Rd., Suite 140Des Peres FL 63131

CITY, STATE, ZIP: Des Peres FL 63131

PHONE: (314) 736-4672 CELL PHONE:

EMAIL ADDRESS: jcox@cswrgroup.com

Do you want all correspondence to be transmitted electronically to this email address?
Yes No Applicant is: Owner Lessee* Other (explain)

*Attach copy of current lease, or written authorization from property owner

2. **OWNER** (If different than applicant)

NAME: Josiah Cox, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: Des Peres FL 63131 PHONE: CELL PHONE:

EMAIL ADDRESS:jcox@cswrgroup.com

4. COMPLIANCE CONTACT (Person responsible for ensuring that the permit conditions are met)

NAME: Mandy Sappington, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: <u>Des Peres FL 63131</u> PHONE:

CELL PHONE: (314) 464-3976

	TION II – PROJECT INFORMATION	
1. CONSUMPTIVE USE PERMIT NO	O.: 6850	
2. NEW PROJECT NAME : Whisp	ering Sands COUNT	∕∶ Marion
PHYSICAL ADDRESS:		
SECTION III – PERMITTEE	DECLARATION OR DECLARATIO	ON OF NO ACCESS
1. CURRENT PERMITTEE'S DECLA NAME:	ARATION TO TRANSFER PERMIT	
	provide a contact person:	
-	e contact person is an authorized age	1
PHONE:	CELL PHONE:	·
EMAIL ADDRESS:		
NAME (print or type)	SIGNATURE	DATE
	current permittee does not sign Section	n III, part 1, shown above.)
(Only complete this section if the c	current permittee does not sign Section	
 (Only complete this section if the c I swear or affirm the truth of the forrelying upon these representations I, <u>Josiah Cox</u>, acquired owner (name) 	current permittee does not sign Section ollowing statements, with the knowledg s. ership or legal control of the permitted	ge that the SJRWMD will be
 (Only complete this section if the c I swear or affirm the truth of the forrelying upon these representations I, <u>Josiah Cox</u>, acquired owner (name) withdrawal or diversion facilities of from <u>Sunshine Utilities of Centre</u> 	current permittee does not sign Section ollowing statements, with the knowledg s. ership or legal control of the permitted or the land on which the facilities are lo	ge that the SJRWMD will be
 (Only complete this section if the c I swear or affirm the truth of the forrelying upon these representations I, <u>Josiah Cox</u>, acquired owner (name) withdrawal or diversion facilities or 	current permittee does not sign Section ollowing statements, with the knowledg s. ership or legal control of the permitted or the land on which the facilities are lo	ge that the SJRWMD will be water pocated on <u>03-JUN-22</u> (date)
 (Only complete this section if the c I swear or affirm the truth of the forrelying upon these representations I, <u>Josiah Cox</u>, acquired owner (name) withdrawal or diversion facilities of from <u>Sunshine Utilities of Centrent</u> number <u>6850</u> (name) The current permittee retained no 	current permittee does not sign Section ollowing statements, with the knowledg s. ership or legal control of the permitted or the land on which the facilities are lo ral Florida, Inc. , the person or enti right or interest in the property or the pothe facilities located on the property	ge that the SJRWMD will be water ocated on <u>03-JUN-22</u> (date) ty currently holding permit (CUP No.) permitted facilities. The current
 (Only complete this section if the c I swear or affirm the truth of the forrelying upon these representations I, <u>Josiah Cox</u>, acquired owner (name) withdrawal or diversion facilities of from <u>Sunshine Utilities of Centr</u> number <u>6850</u> (name) The current permittee retained no permittee has no right of access to the form the	current permittee does not sign Section ollowing statements, with the knowledg s. ership or legal control of the permitted or the land on which the facilities are lo ral Florida, Inc. , the person or enti right or interest in the property or the pothe facilities located on the property	ge that the SJRWMD will be water ocated on <u>03-JUN-22</u> (date) ty currently holding permit (CUP No.) permitted facilities. The current

The undersigned hereby notifies the District that I have acquired ownership or legal control of the permitted water withdrawal or diversion facilities or the land on which the facilities are located. I request that the permit be transferred and that it reflect that I agree to be the new permittee and I agree to continue to use water in the same manner as the current permittee (unless I first obtain a permit modification). By so doing, I acknowledge that I have examined the permit terms and conditions, and agree to accept all rights and obligations as permittee, including agreeing to be liable for compliance with all of the permit terms and conditions, and to be liable for any corrective actions required as a result of any violations of the permit after approval of this transfer by the District.

I certify all of the information provided on this form and in any attachment to it is correct. I understand that any material false statement in an application to continue, initiate, or modify a use, or any material false statement in any report or statement of fact required of the permittee, may result in revocation, in whole or in part, of the permit (Section 373.243(1), F.S.).

Josiah Cox APPLICANT'S NAME (print or type)	APPEIQANT'S SIGNATURE	03-JUN-22 DATE
AUTHORIZED AGENT'S NAME (print or type)	AUTHORIZED AGENT'S SIGNATURE	DATE





St. Johns River Water Management District

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Persons who wish to continue an existing, permitted water use and who have acquired ownership or legal control of permitted water withdrawal or diversion facilities or the land on which the facilities are located must submit a request to transfer the consumptive use permit (CUP) in accordance with Rule 40C-1.612, F.A.C. Although the use of this form is not required, it can facilitate transfer of the CUP.

If you wish to change the permitted authorization (e.g., change project acreage, use type, or any activity authorized by the existing CUP), please be advised that a separate modification of the CUP will be required. The transfer of a permit does not relieve the new landowner from obtaining any necessary federal, state, local, or other District authorizations.

SECTION I - CONTACT INFORMATION

1. **APPLICANT** (Complete legal name in which permit should be issued)

NAME: CSWR-Florida Utility Operating Company, LLC

If applicant is a business, provide a contact person: Josiah Cox

ADDRESS: 1630 Des Peres Rd., Suite 140Des Peres FL 63131

CITY, STATE, ZIP: Des Peres FL 63131

PHONE: (314) 736-4672 CELL PHONE:

EMAIL ADDRESS: jcox@cswrgroup.com

Do you want all correspondence to be transmitted electronically to this email address?
Yes No Applicant is: Owner Lessee* Other (explain)

*Attach copy of current lease, or written authorization from property owner

2. OWNER (If different than applicant)

NAME: Josiah Cox, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: Des Peres FL 63131

PHONE:

CELL PHONE:

EMAIL ADDRESS:jcox@cswrgroup.com

4. COMPLIANCE CONTACT (Person responsible for ensuring that the permit conditions are met)

NAME: Mandy Sappington, CSWR-Florida Utility Operating Company, LLC

ADDRESS: 1630 Des Peres Rd., Suite 140

CITY, STATE, ZIP: <u>Des Peres FL 63131</u> PHONE:

CELL PHONE: (314) 464-3976

	SECTION II - PROJECT INFORMATION
1.	CONSUMPTIVE USE PERMIT NO. : 3093
2.	NEW PROJECT NAME : Winding Waters COUNTY: Marion
	PHYSICAL ADDRESS:
	PARCEL ID(s):
	SECTION III - PERMITTEE DECLARATION OR DECLARATION OF NO ACCESS
1.	CURRENT PERMITTEE'S DECLARATION TO TRANSFER PERMIT
	If permittee is a business entity, provide a contact person:
	Attach documentation showing the contact person is an authorized agent of the permittee.
	CITY, STATE, ZIP:
	PHONE: CELL PHONE:
	EMAIL ADDRESS:
	NAME SIGNATURE DATE
	(print or type)
2.	DECLARATION OF NO ACCESS (Only complete this section if the current permittee does not sign Section III, part 1, shown above.)
	I swear or affirm the truth of the following statements, with the knowledge that the SJRWMD will be relying upon these representations.
	I, <u>Josiah Cox</u> , acquired ownership or legal control of the permitted water (name)
	withdrawal or diversion facilities or the land on which the facilities are located on <u>03-JUN-22</u> , (date) from <u>CH Utility Holdings, LLC</u> , the person or entity currently holding permit number <u>3093</u> (CUP No.)
	The current permittee retained no right of interest in the property or the permitted facilities. The current permittee has no right of access to the facilities located on the property and I will not grant the current permittee any access to the facilities.
	Josiah Cox03-JUN-22NAME (print or type)DATE
Form	n No. 40C-2.900(14), effective November 3, 2015

The undersigned hereby notifies the District that I have acquired ownership or legal control of the permitted water withdrawal or diversion facilities or the land on which the facilities are located. I request that the permit be transferred and that it reflect that I agree to be the new permittee and I agree to continue to use water in the same manner as the current permittee (unless I first obtain a permit modification). By so doing, I acknowledge that I have examined the permit terms and conditions, and agree to accept all rights and obligations as permittee, including agreeing to be liable for compliance with all of the permit terms and conditions, and to be liable for any corrective actions required as a result of any violations of the permit after approval of this transfer by the District.

I certify all of the information provided on this form and in any attachment to it is correct. I understand that any material false statement in an application to continue, initiate, or modify a use, or any material false statement in any report or statement of fact required of the permittee, may result in revocation, in whole or in part, of the permit (Section 373.243(1), F.S.).

Josiah Cox APPLICANT'S NAME (print or type)	APPLISANT'S SIGNATURE	03-JUN-22 DATE
AUTHORIZED AGENT'S NAME (print or type)	AUTHORIZED AGENT'S SIGNATURE	DATE