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May 25, 2022

VIA Electronic Filing to the Office of Commission Clerk

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

**Re: Docket No. 20210093-WS - Application for transfer of water and wastewater systems of Aquarina Utilities, Inc., Water Certificate No. 517-W, and Wastewater Certificate No. 450-S to CSWR-Florida Utility Operating Company, LLC, in Brevard County.**

Dear Ms. Watts:

Please find enclosed copies of the following permit transfer applications filed by CSWR-Florida Utility Operating Company:

- Application for Transfer of a Wastewater Facility or Activity Permit filed with the Department of Environmental Protection; and
- Consumptive Use Permit Transfer Request filed with the St. Johns River Water Management District.

Thank you for your continued assistance with this docket.

Sincerely,

*/s/ Thomas A. Crabb*

Thomas A. Crabb  
Attorney for CSWR-FL UOC



APPLICATION FOR TRANSFER OF A WASTEWATER FACILITY OR ACTIVITY PERMIT

Facility ID: FLA010352 Date: 1/17/2021

Facility Name: Aquarina Utilities WWTF

Facility Address: 235 Aquarina Blvd. Melbourne Beach, FL 32951-3941

Permit No.: FLA010352 Date Issued: March 24, 2018 Date Expired: March 23, 2023

NOTIFICATION OF SALE OR LEGAL TRANSFER

Permittee Name: Burge Kevin

Title: President

Mailing Address: P.O. Box 1114 Fellsmere, FL 32948

Phone (optional): (772) 708-7946 Email (optional): aquarinautilities@bellsouth.net

I hereby notify the Department of the sale or legal transfer of this wastewater facility or activity under Rule 62-620.340(2), F.A.C. Further, I agree to assign my rights as permittee to the proposed permittee in the event the Department agrees to the transfer of permit.

Date of proposed transfer: 03/15/2022

Date Signed: 01/27/2022 Signature of Existing Permittee

REQUEST FOR TRANSFER OF PERMIT

Applicant Name: Josiah Cox

Title: President

Mailing Address: 1650 Des Peres Rd. Suite 303 Des Peres, MO 63131

Phone (optional): (314) 736-4672 Email (optional): jcox@cswrgroup.com

I hereby certify that I have examined the application and the documents submitted by the existing permittee which are the basis of this permit that was issued by the Department. I state that they accurately and completely describe the permitted facility or activity. Further, I state that I am familiar with the permit and I agree to comply with its terms and conditions. I agree to assume the rights and liabilities contained in the permit and the statutes and rules under which it was issued. I also agree to promptly notify the Department of any future change in ownership of or responsibility for this facility or activity.

Date Signed: 1/27/2022 Signature of Applicant



# CONSUMPTIVE USE PERMIT TRANSFER REQUEST



## 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 140

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: Des Peres MO 63131

PHONE: \_\_\_\_\_ CELL PHONE: (314) 464-3976

EMAIL ADDRESS: msappington@cswrgroup.com

**SECTION II – PROJECT INFORMATION**

1. CONSUMPTIVE USE PERMIT NO. : 1719
2. NEW PROJECT NAME : Aquarina Utilities COUNTY: Brevard
- PHYSICAL ADDRESS: \_\_\_\_\_
- PARCEL ID(s): \_\_\_\_\_

**SECTION III – PERMITTEE DECLARATION OR DECLARATION OF NO ACCESS**

**1. CURRENT PERMITTEE'S DECLARATION TO TRANSFER PERMIT**

NAME: \_\_\_\_\_

*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 <i>(print or type)</i>	_____ SIGNATURE	_____ DATE
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**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 24-MAY-22 ,  
(date)  
from Aquarina Utilities Inc , the person or entity currently holding permit number 1719  
(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.

<u>Josiah Cox</u> NAME <i>(print or type)</i>	 <small>Josiah Cox (May 24, 2022 11:38 EDT)</small> SIGNATURE	<u>24-MAY-22</u> DATE
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# Aquarina Utilities - Consumptive Use Permit Transfer Request - 22.05.24

Final Audit Report

2022-05-24

Created:	2022-05-24
By:	Mandy Keubler (mkeubler@cswrgroup.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAV-CyJoUdvaTuRukAXd_2cLFaFbQZdwJR

## "Aquarina Utilities - Consumptive Use Permit Transfer Request - 22.05.24" History

-  Document created by Mandy Keubler (mkeubler@cswrgroup.com)  
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-  Document emailed to Josiah Cox (jcox@cswrgroup.com) for signature  
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-  Email viewed by Josiah Cox (jcox@cswrgroup.com)  
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-  Document e-signed by Josiah Cox (jcox@cswrgroup.com)  
Signature Date: 2022-05-24 - 3:38:11 PM GMT - Time Source: server
-  Agreement completed.  
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