



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



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 Des 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: Des Peres FL 63131

PHONE: _____ CELL PHONE: (314) 464-3976

EMAIL ADDRESS: msappington@cswrgroup.com

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

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
---	--------------------	---------------

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 CH Utility Holdings, LLC, the person or entity currently holding permit number 3093
(name) (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.

<u>Josiah Cox</u> NAME <i>(print or type)</i>	 SIGNATURE	<u>03-JUN-22</u> DATE
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SECTION IV – APPLICANT CERTIFICATION

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.)



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

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NAME: CSWR-Florida Utility Operating Company, LLC

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

PHONE: _____ CELL PHONE: (314) 464-3976

EMAIL ADDRESS: msappington@cswrgroup.com

SECTION II – PROJECT INFORMATION

1. CONSUMPTIVE USE PERMIT NO. : 3013
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: _____

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 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.

<u>Josiah Cox</u> NAME	 SIGNATURE	<u>03-JUN-22</u> DATE
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SECTION IV – APPLICANT CERTIFICATION

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.)



CONSUMPTIVE USE PERMIT TRANSFER REQUEST



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 140 Des 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: **Des Peres FL 63131**

PHONE: _____

CELL PHONE: **(314) 464-3976**

EMAIL ADDRESS: **msappington@cswrgroup.com**

SECTION II – PROJECT INFORMATION

1. CONSUMPTIVE USE PERMIT NO. : 3080
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

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 03-JUN-22 ,
(date)
from CH Utility Holdings, LLC , 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.

<u>Josiah Cox</u> NAME <i>(print or type)</i>	 SIGNATURE	<u>03-JUN-22</u> DATE
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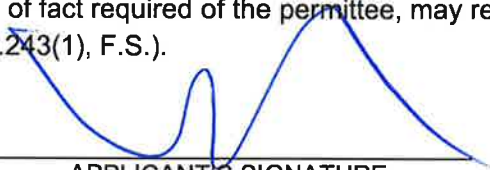
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I certify all of the information provided on this form and in any attachment to it is correct. I understand that any material false statement in an application to continue, initiate, or modify a use, or any material false statement in any report or 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.)





CONSUMPTIVE USE PERMIT TRANSFER REQUEST



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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 Des 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: _____

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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

EMAIL ADDRESS: msappington@cswrgroup.com

SECTION II – PROJECT INFORMATION

1. **CONSUMPTIVE USE PERMIT NO. :** 3132
2. **NEW PROJECT NAME :** Oakhurst Subdivision **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: _____

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: _____

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_____ 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 03-JUN-22,
(date)
from CH Utility Holdings, LLC, the person or entity currently holding permit number 3093
(name) (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.

<u>Josiah Cox</u> NAME <i>(print or type)</i>	 SIGNATURE	<u>03-JUN-22</u> DATE
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SECTION IV – APPLICANT CERTIFICATION

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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

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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)

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CITY, STATE, ZIP: Des Peres FL 63131

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

EMAIL ADDRESS: msappington@cswrgroup.com

SECTION II – PROJECT INFORMATION

1. CONSUMPTIVE USE PERMIT NO. : 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

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: _____

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_____ NAME (print or type)	_____ SIGNATURE	_____ DATE
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(name)
withdrawal or diversion facilities or the land on which the facilities are located on 03-JUN-22,
(date)
from CH Utility Holdings, LLC, the person or entity currently holding permit number 3019
(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 (print or type)	 SIGNATURE	<u>03-JUN-22</u> DATE
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<hr/> Josiah Cox APPLICANT'S NAME <i>(print or type)</i>	<hr/>  APPLICANT'S SIGNATURE	<hr/> 03-JUN-22 DATE
<hr/> AUTHORIZED AGENT'S NAME <i>(print or type)</i>	<hr/> AUTHORIZED AGENT'S SIGNATURE	<hr/> DATE

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



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

PHONE: _____

CELL PHONE: (314) 464-3976

EMAIL ADDRESS: msappington@cswrgroup.com

SECTION II – PROJECT INFORMATION

1. **CONSUMPTIVE USE PERMIT NO. :** 2993
2. **NEW PROJECT NAME :** South Marion Regional Water System **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: _____

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
---	--------------------	---------------

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 CH Utility Holdings, LLC, the person or entity currently holding permit number 3093
(name) (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.

<u>Josiah Cox</u> NAME <i>(print or type)</i>	 SIGNATURE	<u>03-JUN-22</u> DATE
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SECTION IV – APPLICANT CERTIFICATION

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.)



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 Des 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: Des Peres FL 63131

PHONE: _____

CELL PHONE: (314) 464-3976

EMAIL ADDRESS: msappington@cswrgroup.com

SECTION II – PROJECT INFORMATION

1. CONSUMPTIVE USE PERMIT NO. : 3130
2. NEW PROJECT NAME : Sunray Estates 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: _____

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 03-JUN-22 ,
(date)
from Sunshine Utilities of Central Florida, Inc , the person or entity currently holding permit
number 3130
(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	 SIGNATURE	<u>03-JUN-22</u> DATE
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SECTION IV – APPLICANT CERTIFICATION

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.)



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 Des 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: Des Peres FL 63131

PHONE: _____ CELL PHONE: (314) 464-3976

EMAIL ADDRESS: msappington@cswrgroup.com

SECTION II – PROJECT INFORMATION

- 1. CONSUMPTIVE USE PERMIT NO. : 2996

- 2. NEW PROJECT NAME : Sunlight Acres 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: _____
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, 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
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.

<u>Josiah Cox</u>		<u>03-JUN-22</u>
NAME	SIGNATURE	DATE

SECTION IV – APPLICANT CERTIFICATION

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.)



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 Des 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: Des Peres FL 63131

PHONE: _____

CELL PHONE: (314) 464-3976

EMAIL ADDRESS: msappington@cswrgroup.com

SECTION II – PROJECT INFORMATION

1. CONSUMPTIVE USE PERMIT NO. : 6850
2. NEW PROJECT NAME : Whispering Sands 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: _____

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 03-JUN-22,
(date)
from Sunshine Utilities of Central Florida, Inc., the person or entity currently holding permit
number 6850
(name) (CUP No.)

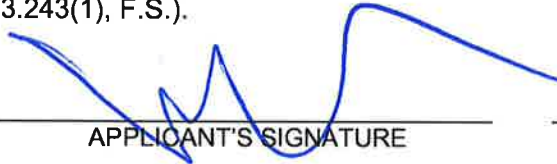
The current permittee retained no right or interest in the property or the permitted facilities. The current permittee has no right of access to the facilities located on the property and I will not grant the current permittee any access to the facilities.

<u>Josiah Cox</u> NAME	 SIGNATURE	<u>03-JUN-22</u> DATE
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SECTION IV – APPLICANT CERTIFICATION

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.).

<hr/> Josiah Cox APPLICANT'S NAME <i>(print or type)</i>	<hr/>  APPLICANT'S SIGNATURE	<hr/> 03-JUN-22 DATE
---	---	--------------------------------

<hr/> AUTHORIZED AGENT'S NAME <i>(print or type)</i>	<hr/> AUTHORIZED AGENT'S SIGNATURE	<hr/> DATE
---	------------------------------------	------------

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

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

PHONE: _____

CELL PHONE: (314) 464-3976

EMAIL ADDRESS: msappington@cswrgroup.com

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

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
---	--------------------	---------------

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 CH Utility Holdings, LLC, the person or entity currently holding permit number 3093
(name) (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.

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

SECTION IV – APPLICANT CERTIFICATION

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.)