

APPLICATION 1719

MANAGEMENT AND STORAGE OF SURFACE WATERS INDIVIDUAL APPLICATION ASSIGNMENT SHEET

Office: ORLANDO Reviewer: FANG PRYNOSKI
Date Received: 8/17/98 Date Processed: 8/18/98
Application Number: 4-069-0357A-ERP
Related Application Number:
Owner: KEENE M. GERBER
Applicant: <u>LENNAR HOMES, INC.</u>
Consultant/Engineer: FARNER, BARLEY & ASSOCIATES, INC.
Project Name: <u>LEGENDS</u>
THE FOLLOWING INFORMATION IS NEEDED TO ADMINISTRATIVELY COMPLETE THIS APPLICATION:
Signatures
Authorization from Owner for Agent
Individual/Firm Preparing Specifications
Name in which Permit is to be Issued
Entity Responsible for Maintenance Statement
Bound Reports (No. Received: 5)
Plans (No. Received: 5)
Calculations (No. Received: 5)
Notice of Receipt of Application
Adequate Map Coordinates
Fee: <u>3000.00</u> Receipt Number: <u>22811</u>
Comments:
Application is adminstratively complete? YES SA
RAI must be mailed by: $9/14/98$ Regulatory Meeting: $11/10/98$

~~~~~~

| ST. JOHNS RIVER WATER MANAGEMENT DISTRICT P.O. Box 1429 Palatka, Florida 32178-1429 | 0 022811<br>DATE Qua. 12 19 98 |
|-------------------------------------------------------------------------------------|--------------------------------|
| RECEIVED FROM Land Wolding adult                                                    | 7                              |
| THE SUM OF Legends                                                                  | DOLLARS \$3000 00              |
| EOR 4-069-0357A-ERP                                                                 |                                |
| AMOUNT OF ACCOUNT                                                                   |                                |
| AMOUNT PAID SOUDE Thank You!                                                        |                                |
|                                                                                     |                                |
| ☐ CASH CHECK ☐ M.O. ☐ CREDIT CARD                                                   | New Eurouvot                   |



**ENGINEERS & SURVEYORS & PLANNERS** 

VIA CERTIFIED MAIL ASSOCIATES, INC

August 14, 1998

Mr. Alex Aboodi ST. JOHNS RIVER WATER MANAGEMENT DISTRICT 618 E. South Street Orlando, Florida 32801 AUG 17 1998 4-069-035A-SA ORLANDO SJR WMD

RE:

LEGENDS (FBA #961504.001)

Dear Mr. Aboodi:

Enclosed please find the following with regards to the above-referenced project:

- 1. Original and five (5) copies of the ERP stormwater permit application.
- 2. Five sets of construction drawings (signed, sealed, and dated).
- 3. Five (5) sets of Stormwater Calculations (signed, sealed, and dated).
- 4. Five (5) Notice and Receipt Forms.
- 5. Check in the amount of \$3,000.00.
- 6. Copy of Quit-Claim Deed.

Should you have any questions with regards to this matter, please feel free to contact our office.

Sincerely,

FARNER BARLEY & ASSOCIATES, INC.

Duane K. Booth, P.E. Project Engineer

DKB/am

Enclosures

cc: Mr. Rob Ahrens, Lennar Homes, Inc. (w/out encl.)

C:\WP60\KINGSRID\LEGENDS\GOLF.CRS\STJOHNS\INDIV.SUB\SUBMITTA.LR

| Date A <sub>l</sub><br>Propos | Application # SJR Application # 1069-03574-04  Application Received Date Application Received 8-17-98  Seed Project Lat. Fee Received 3000-0  Seed Project Long. Fee Received Project Use Codes  Assigned Reviewers Reviewer#'s Reviewer#'s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               | SECTION A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Are                           | any of the activities described in this application proposed to occur in, on, or over wetlands or other surface waters? yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| A.                            | Type of Environmental Resource Permit Requested (check at least one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| X                             | Noticed General - include information requested in Section B.  Standard General (Single Family Dwelling) - include information requested in Sections C and D.  Standard General (all other projects) - include information requested in Sections C and E.  Individual (Single Family Dwelling) - include information requested in Sections C and D.  Individual (all other projects) - include information requested in Sections C and E.  Conceptual - include information requested in Sections C and E.  Mitigation Bank Permit (construction) - include information requested in Sections C and F.  (If the proposed mitigation bank involves the construction of a surface water management system requiring another permit defined above, check the appropriate box and submit the information requested by the applicable section.)  Mitigation Bank (conceptual) - include information requested in Sections C and F.  Standard General Stormwater - include information requested in Sections C and H  Individual Stormwater - include information requested in Sections C and H |
| B.                            | Type of activity for which you are applying (check at least one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| _X                            | (Construction and operation of a new system including dredging or filling in, on or over wetlands and other surface waters.)  Alteration and operation of an existing system which was not previously permitted by a WMD or DEP.  Modifiction of a system previously permitted by a WMD or DEP. Provide previous permit numbers:  Alteration and operation of a system Extension of permit duration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                               | Abandonment of a system Construction and operation of additional phases of Removal of a system a system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| C.                            | Are you requesting authorization to use State Owned Submerged Lands? yesX_ no (If yes, include the information requested in Section G.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| D.                            | For activities in, on or over wetlands or other surface waters, check type of federal dredge and fill permit requested: Individual Programmatic General General Nationwide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| E.                            | Are you claiming to qualify for an exemption? yesX_ no  If yes provide rule number if known                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

FORM NUMBER 40C-4.900(1) Pg 1 of 4





| OWNER(S) OF LAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|
| NAME<br>KEENE M. GERBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME<br>ROBERT AHRENS                               |  |
| ADDRESS<br>13100 W. COLONIAL DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADDRESS<br>7600 NOB HILL ROAD                       |  |
| CITY, STATE, ZIP<br>WINTER GARDEN, FLORIDA 34777-0338                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CITY, STATE, ZIP<br>TAMARAC, FLORIDA 33321          |  |
| COMPANY AND TITLE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | COMPANY AND TITLE<br>LENNAR HOMES, INC PRESIDENT    |  |
| TELEPHONE (407) 656-2291<br>FAX (352) 343-8495                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TELEPHONE (800) 233-6569<br>FAX (954) 724-4017      |  |
| AGENT AUTHORIZED TO SECURE PERMIT (IF<br>AN AGENT IS USED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CONSULTANT (IF DIFFERENT FROM AGENT)                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME<br>Duane K. Booth, P.E.                        |  |
| COMPANY AND TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COMPANY AND TITLE Farner, Barley & Associates, Inc. |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ADDRESS 350 North Sinclair Avenue                   |  |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITY, STATE, ZIP Tavares, Florida 32778             |  |
| TELEPHONE ( )<br>FAX ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TELEPHONE (352) 343-8481<br>FAX (352) 343-8495      |  |
| Total applicant-owned area contiguous to the project Total project area for which a permit is sought Impervious area for which a permit is sought What is the total area (metric equivalent for federally o acres squalf a docking facility, the number of proposed new slipter of the project location (use additional sheets, if needed) County(ies) Lake Section(s) Township(s) Section(s) Township(s) Township(s) Land Grant name, if applicable N/A Tax Parcel Identification Number N/A Street address, road, or other location U.S. HIGHY |                                                     |  |
| City, Zip Code if applicableCLERMON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I, FLURIDA                                          |  |

| Describe, in g            | eneral terms, the                          | e proposed project, system or activity.                                              |                                                                                                                                                                                                                         |
|---------------------------|--------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GOLF                      | COURSE AND                                 | MASS GRADING AND CONSTRUCT                                                           | ION OF STORMWATER MANAGEMENT SYSTEM.                                                                                                                                                                                    |
|                           |                                            |                                                                                      |                                                                                                                                                                                                                         |
|                           |                                            |                                                                                      |                                                                                                                                                                                                                         |
|                           |                                            | plication meetings, including at the proje<br>staff and project representatives.     | ect site, with regulatory staff, please list the date(s),                                                                                                                                                               |
| N/A                       |                                            |                                                                                      |                                                                                                                                                                                                                         |
|                           | fy by number any<br>any related enfor      |                                                                                      | E permits pending, issued or denied for projects at the                                                                                                                                                                 |
| Agency                    | Date                                       | No.\Type of Application                                                              | Action Taken(Pending/Issued/Denied)                                                                                                                                                                                     |
|                           |                                            |                                                                                      |                                                                                                                                                                                                                         |
|                           |                                            |                                                                                      |                                                                                                                                                                                                                         |
| waters that provide the i | <b>need a federal</b> (<br>names ,address) | <u>dredge and fill permit and/or authori:</u><br>es and zip codes of property owners | ed to occur in, on or over wetlands or other surface zation to use state owned submerged lands. Please whose property directly adjoins the project (excluding and adjoining property lines. Attach additional sheets in |
| 1                         |                                            | 2                                                                                    |                                                                                                                                                                                                                         |
|                           |                                            |                                                                                      |                                                                                                                                                                                                                         |
| 3                         |                                            | 4                                                                                    | ,                                                                                                                                                                                                                       |
|                           |                                            |                                                                                      |                                                                                                                                                                                                                         |

| application. I am familier with the information contained in this application, and represent that such information is true completed and accurate. I understand this is an application and not a permit, and work prior to approval is a violation. I understand the shis application and any permit issued or proprietary authorization issued pursuant thereto, does not relieve me of any obligation of construction and any other required federal, state, water management district or local permit prior to commencement of construction agree, or I agree on behalf of my corporation, to operate and maintain the permitted system unless the permitting agence authorizes transfer of the permit to a responsible operation entity. I understand that knowingly making any false statement of the permit to a violation of Section 373.430, F.S., and 18 U.S.C. Section 1001. |                                                                                                                                                                               |                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| KEENE M. GERBER KOOLE M. Serbe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n 7/21/98                                                                                                                                                                     |                                                                                             |
| Typed/Printed Name of Applicant (If no Agent is used) or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Agent (If one is so authorized below)                                                                                                                                         |                                                                                             |
| Signature of Applicant/Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               | Date                                                                                        |
| OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                                                             |
| (Corporate Title if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                             |
| AN AGENT MAY SIGN ABOVE <u>ONLY</u> IF,THE APPLICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ANT COMPLETES THE FOLLOWING:                                                                                                                                                  |                                                                                             |
| I hereby designate and authorize the agent listed above to processing of this application for the permit and/or prosupplemental information in support of the application. In a or my corporation, to perform any requirement which may be I understand that knowingly making any false statement of F.S., and 18 U.S.C. Section 1001.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | prietary authorization indicated above;<br>ddition, I designate and authorize the ab<br>ne necessary to procure the permit or au                                              | and to furnish, on request,<br>ove-listed agent to bind me,<br>thorization indicated above. |
| Typed/Printed Name of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature of Applicant                                                                                                                                                        |                                                                                             |
| (Corporate Title if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                             |
| Please note: The applicant's original signature (not a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | copy) is required above.                                                                                                                                                      |                                                                                             |
| PERSON AUTHORIZING ACCESS TO THE PROPERT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Y MUST COMPLETE THE FOLLOWING                                                                                                                                                 | <b>:</b> :                                                                                  |
| I either own the property described in this application or<br>after receiving prior notification, to any site visit on the pro-<br>Protection, the Water Management District and the U.S. I<br>the proposed project specified in this application. I auth<br>as may be necessary to make such review and inspection<br>or personnel to monitor permitted work if a permit is gran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | perty by agents or personnel from the D<br>Army Corps of Engineers necessary for a<br>orize these agents or personnel to enter<br>n. Further, I agree to provide entry to the | epartment of Environmental<br>the review and inspection of<br>the property as many times    |
| KEENE M. GERBER LOESE M. Serker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7/21/98                                                                                                                                                                       |                                                                                             |
| Typed/Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature                                                                                                                                                                     | Date                                                                                        |

By signing and submitting this application form, I am applying, or I am applying on behalf of the applicant, for the permit and any proprietary authorizations identified above, according to the supporting data and other incidental information filed with this

FORM NUMBER 40C-4.900(1) Pg 4 of 4

OWNER.

Corporate Title if applicable)

iak 951 page 13

AUG 17 1998 -069-035 74-5R

QUIT-CLAIM DEED

THIS QUIT-CLAIM DEED, executed this 2nd day of February ORLANDO 1988, by Mary G. Keene, John R. McPherson, Rex V. McPherson, II SJR WMD and Robert F. Stonerock, as Trustees under that certain Trust Agreement of Mary G. Keene, Revocable Trust dated June 1, 1972, recorded in the Public Records of Orange County, Florida at Official Records Book 2232, Page 80, and all amendments thereto, and individually, first party, to Keene M. Gerber, a married woman whose address is 1453 King Court, Winter Springs,

Florida 32708
second party: (Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH, that the said first party, for and in consideration of the sum of TEN DOLLARS (\$10.00), in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Lake, State of Florida, to-wit:

The NW 1/4 of the SE 1/4 of the NE 1/4 of Section 8, Township 23 South, Range 26 East, also described as Tract 18 of Monte Vista Park Farms, as per plat thereof recorded in the office of the Clerk of the Circuit Court, in and for Lake County, Florida;

AND: That part of the N 1/2 of the NE 1/4 of Section 8, Township 23 South, Range 26 East, also described as Tracts 1, 2, 3, 14, 15 and 16 of Monte Vista Park Farms, as per plat thereof recorded in the office of the Clerk of the Circuit Court in and for Lake County, Florida, lying W of the center line of the paved road running generally N and S thorough the E 1/2 of the NE 1/4 of the NE 1/4 of said Section 8, LESS the NW 1/4 of the NW 1/4 of the NE 1/4, also described as Tract 4 of Monte Vista Park Farms, as per plat thereof recorded in the office of the Clerk of the Circuit Court, in and for Lake County, Florida and LESS the SW 1/4 of the NW 1/4 of NE 1/4 of Section 8, Township 23 South, Range 26 East also described as Tract 13 of Monte Vista Park Farms, as per plat thereof recorded in the office of the Clerk of the Circuit Court, in and for Lake County, Florida.

SUBJECT TO: That certain agreement of even date herewith governing the use and maintenance of the paved private road running along the northern and eastern boundaries of the property described above (LESS Tract 18).

ALSO SUBJECT TO: An easement for ingress and egress over the West 10 feet of Tracts 3 and 14 as described above running in favor of the owner of Tracts 4 and 13 of Monte Vista Park Farms.

(Legal description supplied by Rex V. McPherson, II)

To Have and to Hold the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

second party forever.

THIS INSTRUMENT WAS PREPARED BY;
ROBERT J. WEBB
DeWolf, Ward & Morris
1475 Hartford Building

Orlando, Florida 32801

Page 1 of 3

In Witness Whereof, the said first party has signed and sealed these presents the day and year first above written.

| delivered in presence of:                 | BOOK 951 PAGE 1373                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| derivered in presence or.                 | Ma The Market of |
| Ildin Henon                               | Man D. Reene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Dave Q. Burnette                          | Mary G. Keene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| JEli Henn                                 | John R. M. Therson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Deine a. Burnette                         | John R. McPherson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1 Elin Henry                              | A Casa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Dayce a. Burnette                         | Rex V. McPherson, II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Thoma R. Pulle                            | Robert J. Stonerd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Linda Q Potts                             | Robert F. Stonerock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| STATE OF North Carolina COUNTY OF Jackson |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Mary G. Keene to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same.

Notany Public

My Commission Expires:
My Commission Expires September 7, 1987

STATE OF Math Carolina COUNTY OF Jackson

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared John R. McPherson to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 10th day of luggest, 1987.

Motary Public

My Commission Expires:

E. FFB-3,88

My Commission Expires September 7, 1987

STATE OF Anth Corelina COUNTY OF Jacks

#### Book 951 PAGE 1374

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Rex V. McPherson, II to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 10 th day of \_\_\_\_\_\_\_, 1987.

Notary Public

My Commission Expires: My Commission Expires September 7, 1987

STATE OF <u>florida</u>
COUNTY OF <u>Quange</u>

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Robert F. Stonerock to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 1841 day of 501 mbw, 1987.

Notary Public

My Commission Expires:

Notary Public, State of Florida
thy Commission Expires June 20, 1938
somed thre Troy run - Insurance, Inc.

: 1

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## SECTION C ENVIRONMENTAL RESOURCE PERMIT NOTICE OF RECEIPT OF APPLICATION

This information is required in addition to that required in other sections of the application. Please submit five copies of this notice of receipt of application and all attachments. Please submit all information on 8 1/2" x 11" paper.

|           | Name:LEGENDS                                                                                                                                                                                                        | County:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LAKE                        |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
|           | KEENE M. GERBER                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
|           | t: <u>SAME AS ABOVE</u><br>t's Address: <u>13100 W. COLONIAL DRIVE, WINTER GARDE</u>                                                                                                                                | N. FLORIDA 34777-0338                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| , ייסוריי |                                                                                                                                                                                                                     | THE CONDENSATION OF THE PROPERTY OF THE PROPER |                             |
| 1.        | Indicate the project boundaries on a USGS quadrangle map red<br>project. If not apparent from the quad map, attach a location ma<br>Township(s), and Range(s); and sufficient detail to allow a perso               | p showing a north arrow and a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | graphic scale; Section(s),  |
| 2.        | Provide the names of all wetlands, or other surface waters that wwould receive discharge (either directly or indirectly), or would othe<br>if they are in an Outstanding Florida Water or Aquatic Preserve:<br>NONE | nerwise be impacted by the prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| 3.        | Attach a depiction (plan and section views), which clearly shows<br>Use a scale sufficient to show the location and type of works. U                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| 4.        | Briefly describe the proposed project (such as "construct a deck was surface water management system to serve 150 acre residential SURFACE WATER MANAGEMENT SYSTEM SERVING 403 A                                    | l development"):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |
| 5.        | Specify the acreage of wetlands or other surface waters, if any otherwise impacted by the proposed activity:  NONE                                                                                                  | v, that are proposed to be distu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rbed, filled, excavated, or |
| 6.        | Provide a brief statement describing any proposed mitigation for additional sheets if necessary):  NOT APPLICABLE                                                                                                   | or impacts to wetlands and oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | er surface waters (attach   |
|           |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
|           | FOR AGENCY USE ( ation Name:                                                                                                                                                                                        | ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
|           | where the application can be inspected:                                                                                                                                                                             | de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |
| Date      | be posted 8-24-98                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| Date      | o be removed: 9-8-98                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |

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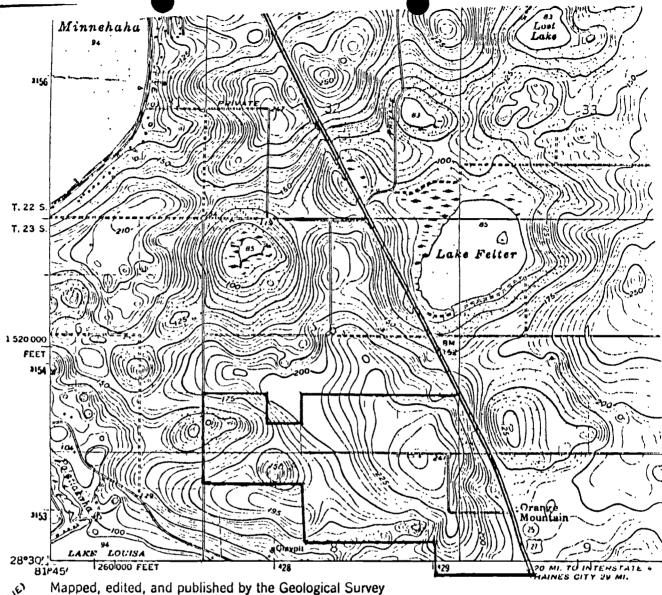


PDS ORLANDO SJR WMD

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### PROJECT SUMMARY

Golf course and mass grading and construction of stormwater management system.



Control by USGS and USC&GS

Planimetry by photogrammetric methods from aerial photographs taken 1952. Topography by planetable surveys 1962

Polyconic projection

10,000-foot grid based on Florida coordinate system, east zone 1000-meter Universal Transverse Mercator grid ticks, zone 17, shown in blue. 1927 North American Datum To place on the predicted North American Datum 1983 move the projection lines 27 meters south and 18 meters west as shown by dashed corner ticks

Fine red dashed lines indicate selected fence and field lines where generally visible on aerial photographs. This information is unchecked

Revisions shown in purple compiled from aerial photographs taken 1977 and other source data. This information not field checked. Map edited 1980

