

APPLICATION

1719

GRS CHECK OFF LIST

MSSW# 4-069-19451-7
(FROM THE PRIME SYSTEM)

DATE-RECEIVED 1-23-01

DATE ENTERED 1-26-01

FEE RECEIPT# 0-021287 GRS RECEIPT# 11518

SUBMITTALS

GRS# 19451

PROJECT HEADER

ADDRESS

OWNER

APPLICANT

AGENT

CONSULTANT

OTHER

SITE

TECHNICAL DATA

DATA CAPTURED

INITIALS MP 1/26/01

REVIEWER'S COOK

Prynoski

PDS ROUTING SHEET

DELIVERED: US Mail HD UPS Fed Ex Other _____

MAIL TYPE: application mail _____

RECEIVED ON: 1/23/01 BY: SJ

OPENED ON: 1/23/01 BY: SJ

CHECK ENTERED ON: 1/23/01 BY: SJ

STAMPED IN ON: 1/23/01 BY: SJ

NUMBERED ON: 1/26/01 BY: MP

ENTERED INTO GRS ON: 1/26/01 BY: MP

ENTERED INTO ACCESS ON: _____ BY: _____

COPIED ON: 1/26/01 BY: MP

● Fee Receipt ●

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
P. O. Box 1429
Palatka, FL 32178-1429

4-069-19451-4

RECEIPT #: 11518
RECEIVED FROM: Lennar Corp & Subsidiaries
THE SUM OF: \$1,000.00
FOR: Application Fee

Date: Jan. 24, 2001
By: Shantal Joseph

FEE DETAIL INFORMATION

F/A Receipt 021287 \$1,000.00

		DATE	021287
		1/24/01	
RECEIVED OF	Lennar Corp & Subsidiaries		
ADDRESS	Legends Golf Course		
	4-069-19451-4	DOLLARS \$	1,000
ACCT. NO.	00335461	ST. JOHNS RIVER WATER MANAGEMENT DISTRICT	
<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> CHECK	P.O. Box 1429	
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> DRAFT	Palatka, Florida 32178-1429	
FOR	APD	by	Shantal Joseph
803			Thank You

DO NOT ACCEPT THIS CHECK UNLESS YOU CAN SEE A DUAL-TONE TRUE WATERMARK THAT APPEARS AS A CHAIN LINK PATTERN WHEN HELD TO THE LIGHT.

LENNAR CORP & SUBSIDIARIES
700 N.W. 107TH AVE
MIAMI FL 33172

11518 / 021287

BANK ONE - 0710
Chicago, Illinois
Payable through FCC Ntnl. Bank
Wilmington, Delaware

00335461

62-28
311

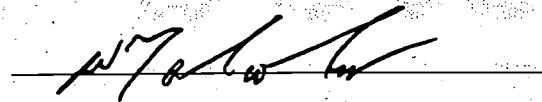
Pay

DATE	AMOUNT
01/16/01	*****1,000.00

ONE THOUSAND AND 00/100 *****

Dollars

TO ST. JOHNS RIVER WATER MGMT DISTRICT
THE P.O. BOX 1429
ORDER PALATKA FL 32178
OF



Two Signatures Required on Amounts Over \$50,000.00

THE FACE OF THIS CHECK HAS A BLUE AND GREEN BACKGROUND - ANY OTHER COLORS MAY BE EVIDENCE OF CHEMICAL ALTERATION OR ERASURE - SEE REVERSE SIDE FOR MORE SAFETY FEATURES.



4-069-19451-7



FARNER ENGINEERS ▲ SURVEYORS ▲ PLANNERS
BARLEY
AND ASSOCIATES, INC.

VIA FEDERAL EXPRESS
January 22, 2001

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
618 E. South Street
Orlando, Florida, 32801

RE: LEGENDS GOLF COURSE (FBA # 961504.056)

To Whom It May Concern:

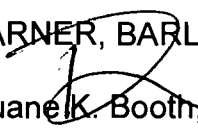
Enclosed please find the following with regards to the above-referenced project.

1. Original and five (5) copies of the ERP stormwater permit application.
2. Five (5) sets of construction Drawings (signed, sealed and dated.)
3. Five (5) sets of Post-Development Drainage Plans
4. Five (5) sets of stormwater calculations (signed, sealed and dated.)
5. Check in the amount of \$ 1000.00

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

Enclosures

cc: Mr. Rob Ahrens, Lennar Homes, Inc.
Mr. Guy Trussell, Lennar Homes, Inc.

RECEIVED

JAN 23 2001

4-069-19481-7

PDS
ORLANDO
SJR WMD

FOR AGENCY USE ONLY

ACOE Application # _____ SJR Application # 4-069-19451-7
 Date Application Received _____ Date Application Received 1-23-01
 Proposed Project Lat. _____ Fee Received \$ 1,000.
 Proposed Project Long. _____ Fee Receipt # 0-021287/11518
 Date Received _____ Project Use Codes _____
 Assigned Reviewers COOK Reviewer#s Prynoski

SECTION A

Are any of the activities described in this application proposed to occur in, on, or over wetlands or other surface waters? yes X no

A. Type of Environmental Resource Permit Requested (check at least one)

- 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)

- (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.
 - Modification of a system previously permitted by a WMD or DEP. Provide previous permit numbers:
Permit #4-069-357A-ERP
- | | |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Alteration and operation of a system | <input type="checkbox"/> Extension of permit duration |
| <input type="checkbox"/> Abandonment of a system | <input checked="" type="checkbox"/> Construction and operation of additional phases of a system |
| <input type="checkbox"/> Removal of a system | |

C. Are you requesting authorization to use State Owned Submerged Lands? yes X 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: N/A

- | | |
|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Programmatic General |
| <input type="checkbox"/> General | <input type="checkbox"/> Nationwide |

E. Are you claiming to qualify for an exemption? yes X no
If yes provide rule number if known _____

RECEIVED

JAN 23 2001

PDS
ORLANDO
SJR WMD

OWNER(S) OF LAND	ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)
NAME ROBERT AHRENS	NAME
ADDRESS 1110 DOUGLAS AVENUE, SUITE 2040	ADDRESS
CITY, STATE, ZIP ALTAMONTE SPRINGS, FL 32714	CITY, STATE, ZIP
COMPANY AND TITLE LENNAR HOMES, INC. / VICE PRESIDENT	COMPANY AND TITLE
TELEPHONE (407) 682-9291 FAX (407) 682-1977	TELEPHONE FAX
AGENT AUTHORIZED TO SECURE PERMIT (IF AN AGENT IS USED)	CONSULTANT (IF DIFFERENT FROM AGENT)
NAME	NAME 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 () FAX ()	TELEPHONE (352) 343-8481 FAX (352) 343-8495
Name of project, including phase if applicable: <u>LEGENDS</u>	
Is this application for part of a multi-phase project? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Total applicant-owned area contiguous to the project <u>403</u> ac	
Total project area for which a permit is sought <u>403</u> ac	
Impervious area for which a permit is sought <u>0</u> ac	
What is the total area (metric equivalent for federally funded projects) of work in, on or over wetlands or other surface waters: <u>N/A</u> acres _____ square feet _____ hectares _____ square meters	
If a docking facility, the number of proposed new slips _____	
Project location (use additional sheets, if needed)	
County(ies) <u>Lake</u>	
Section(s) <u>4, 5, 8 & 9</u> Township(s) <u>23S</u> Range(s) <u>26E</u>	
Section(s) _____ Township(s) _____ Range(s) _____	
Land Grant name, if applicable <u>N/A</u>	
Tax Parcel Identification Number <u>N/A</u>	
Street address, road, or other location <u>LEGENDARY BLVD.</u>	
City, Zip Code if applicable <u>CLERMONT, FL</u>	

Describe, in general terms, the proposed project, system or activity.

Surface Water Management System to serve 48.88 acre residential development.

If there have been any pre-application meetings, including at the project site, with regulatory staff, please list the date(s), location(s), and names of key staff and project representatives.

N/A

Please identify by number any MSSW/Wetland Resource/ERP/ACOE permits pending, issued or denied for projects at the location and any related enforcement actions.

Agency	Date	No. \ Type of Application	Action Taken (Pending/Issued/Denied)
N/A			

Note: The following information is required for projects proposed to occur in, on or over wetlands or other surface waters that need a federal dredge and fill permit and/or authorization to use state owned submerged lands. Please provide the names, addresses and zip codes of property owners whose property directly adjoins the project (excluding applicant). Please attach a plan view showing the owner's names and adjoining property lines. Attach additional sheets if necessary.

1. N/A

2.

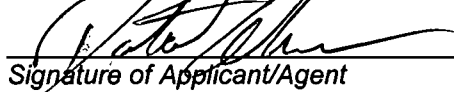
3.

4.

application. I am familiar with the information contained in this application, and represent that such information is true complete and accurate. I understand this is an application and not a permit, and work prior to approval is a violation. I understand that this application and any permit issued or proprietary authorization issued pursuant thereto, does not relieve me of any obligation for obtaining any other required federal, state, water management district or local permit prior to commencement of construction. I agree, or I agree on behalf of my corporation, to operate and maintain the permitted system unless the permitting agency authorizes transfer of the permit to a responsible operation entity. I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S., and 18 U.S.C. Section 1001.

ROBERT AHRENS

Typed/Printed Name of Applicant (If no Agent is used) or Agent (If one is so authorized below)



Signature of Applicant/Agent

1-18-01

Date

VICE PRESIDENT

(Corporate Title if applicable)

AN AGENT MAY SIGN ABOVE ONLY IF, THE APPLICANT COMPLETES THE FOLLOWING:

I hereby designate and authorize the agent listed above to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above; and to furnish, on request, supplemental information in support of the application. In addition, I designate and authorize the above-listed agent to bind me, or my corporation, to perform any requirement which may be necessary to procure the permit or authorization indicated above. I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S., and 18 U.S.C. Section 1001.

Typed/Printed Name of Applicant

Signature of Applicant

Date

(Corporate Title if applicable)

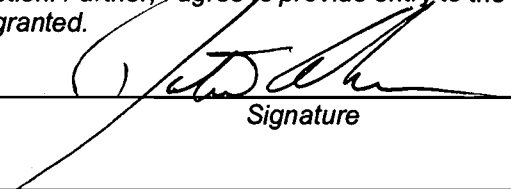
Please note: The applicant's original signature (not a copy) is required above.

PERSON AUTHORIZING ACCESS TO THE PROPERTY MUST COMPLETE THE FOLLOWING:

I either own the property described in this application or I have legal authority to allow access to the property, and I consent, after receiving prior notification, to any site visit on the property by agents or personnel from the Department of Environmental Protection, the Water Management District and the U.S. Army Corps of Engineers necessary for the review and inspection of the proposed project specified in this application. I authorize these agents or personnel to enter the property as many times as may be necessary to make such review and inspection. Further, I agree to provide entry to the project site for such agents or personnel to monitor permitted work if a permit is granted.

ROBERT AHRENS

Typed/Printed Name



Signature

1-18-01

Date

VICE PRESIDENT

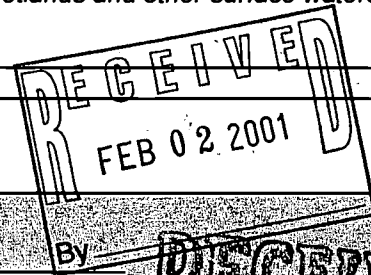
(Corporate Title if applicable)

**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.

Project Name: LEGENDS County: LAKE
Owner: LENNAR LAND PARTNERS, A FLORIDA GENERAL PARTNERSHIP
Applicant: SAME AS ABOVE Applicant's
Address: 1110 DOUGLAS AVENUE, SUITE 2040, ALTAMONTE SPRINGS, FL 32714

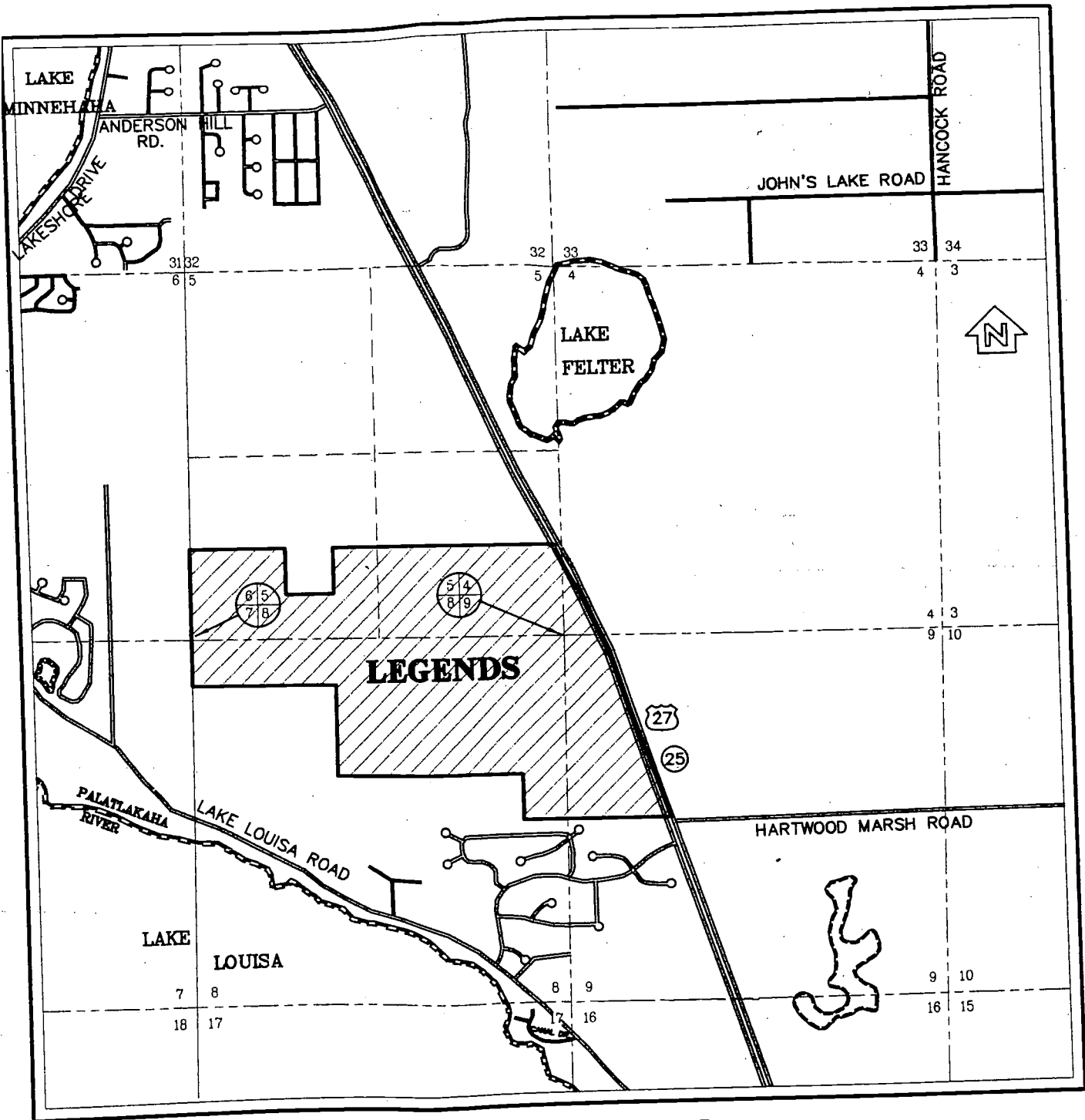
1. Indicate the project boundaries on a USGS quadrangle map reduced or enlarged as necessary to legibly show the entire project. If not apparent from the quad map, attach a location map showing a north arrow and a graphic scale; Section(s), Township(s), and Range(s); and sufficient detail to allow a person unfamiliar with the site to find it.
2. Provide the names of all wetlands, or other surface waters that would be dredged, filled, impounded, diverted, drained, or would receive discharge (either directly or indirectly), or would otherwise be impacted by the proposed activity, and specify if they are in an Outstanding Florida Water or Aquatic Preserve:
NONE
3. Attach a depiction (plan and section views), which clearly shows the works or other facilities proposed to be constructed. Use a scale sufficient to show the location and type of works. Use multiple sheets, if necessary.
4. Briefly describe the proposed project (such as "construct a deck with boatshelter", "replace two existing culverts", "construct surface water management system to serve 150 acre residential development"):
Surface Water Management System to serve 403 acre golf course community
5. Specify the acreage of wetlands or other surface waters, if any, that are proposed to be disturbed, filled, excavated, or otherwise impacted by the proposed activity:
NONE
6. Provide a brief statement describing any proposed mitigation for impacts to wetlands and other surface waters (attach additional sheets if necessary):
N/A



FOR AGENCY USE ONLY	
Application Name:	
Application Number:	<u>4-069-19951-4</u>
Office where the application can be inspected:	<u>Orlando</u>
Date to be posted:	<u>1-29-01</u>
Date to be removed:	<u>2-02-01</u>



PDS
ORLANDO
SJR WMD



LOCATION MAP

4-069-19451-9

GIS - Date Received ____/____/____

MSSW GIS Processing Sheet

Application # 4-069-19451-9

Section(s) 4, 5, 8, 9

Township(s) 23

Range(s) 26

Basin Code EB ___ OB ___ UB ___ WB ___ WP ___ Other ___

Date Mapped 01-31-01 Acceptable? Yes No ___

Map # 41 Quad Name 586 Clermont-E

Additional Quads/Comments _____

Mapper's Initials AR

Reviewer _____