



Signed Certified Letter Card

1727

M. Cook 40-059-0161A

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Rick McKay, P.E.
721 West Avenue
Clermont, FL 34711

4a. Article Number
2184991620

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery
SEP 20 1994

5. Signature (Addressee)
Darakessle

8. Addressee's Address (Only if requested and fee is paid)
SEP 21 1994

6. Signature (Agent)

Thank you for using Return Receipt Service.

DOMESTIC RETURN RECEIPT RECORDS ORLANDO

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

P.O. Box 1429
Palatka, Florida 32178-1429

0 017217

DATE Aug 22 19 94

RECEIVED FROM PRN Investments

THE SUM OF North Ridge DOLLARS \$ 700⁰⁰

FOR App# 40-069-0161A

AMOUNT OF ACCOUNT \$ 700-

AMOUNT PAID.....\$ 700-

BALANCE DUE.....\$ 0

Thank You!

CASH CHECK M.O. CREDIT CARD

BY L. Walsh / Agueres

MSSW GENERAL APPLICATION ASSIGNMENT SHEET

Office: ORLANDO Reviewer: COOK EUNICE

Date Received: 8/22/94 Date Processed: 8/23/94

Application Number: 40-069-0161A

Owner: WILLIAM H. GIBB, JR. TRUSTEE

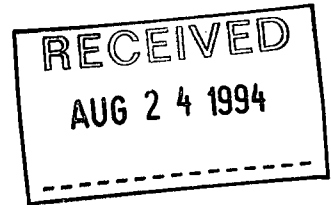
Applicant: STAR DEVELOPMENT

Agent/Consultant: MCCOY AND ASSOCIATES

Project Name: NORTH RIDGE

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: 3)
- Plans (No. Received: 3)
- Calculations (No. Received: 3)
- Notice of Receipt of Application
- Adequate Map Coordinates
- Fee: 700.00 Receipt Number: 17217



Comments: REC'D NOTICE

Application is adminstratively complete? YES LW

Request of Additional Information or permit must be mailed by: 9/19/94

Basin Criteria: Upper Ocklawaha Wekiva Lower
 Wekiva Protection Area Sensitive Karst Area

Comments: _____

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
MANAGEMENT AND STORAGE OF SURFACE WATERS (MSSW) PERMIT APPLICATION
CHAPTERS 40C-4, 40C-40, 40C-41, 40C-42, F.A.C.**
(Including stormwater management systems but excluding agricultural surface water management systems)

No construction (including land clearing) on the project shall begin until the appropriate permit is obtained. Failure to comply will result in the District pursuing enforcement action in accordance with section 373.129, Florida Statutes. Issuance of a District permit does not preclude the responsibility of the applicant to obtain all other necessary federal, state, and/or local permits.

GENERAL INSTRUCTIONS: Please type or print. The following information must be provided with each permit application: a) 5 copies of the completed Notice of Application; b) the appropriate permit application fee (see the supplemental sheets for fees depending on application type); and c) 3 copies of the application form and all information listed on the appropriate supplemental sheet(s). Please submit the application to the appropriate District office as shown below:

Project Location (County)	District Office
Alachua, Flagler, Marion, Putnam	District Headquarters, P.O. Box 1429, Palatka, FL 32178-1429 (904) 329-4500
Baker, Bradford, Clay, Duval, Nassau, St. Johns	Jacksonville Field Office, 775 Baymeadows Way, Suite 102, Jacksonville, FL 32256 (904) 730-6270
Lake, Orange, Polk, Seminole, Volusia	Orlando Field Office, 618 E. South Street, Orlando, FL 32801 (407) 897-4300
Brevard, Indian River, Okeechobee, Osceola	Melbourne Field Office, 305 East Drive, Melbourne, FL 32904 (407) 984-4940

Permit applications for agricultural surface water management systems must use the appropriate forms 40C-1.181(9),(10), or (11).

PERMIT TYPE AND ACTIVITY

Indicate the type of permit for which you are applying by checking only one of the following and include supporting information as required on the indicated supplemental sheets:

- Individual MSSW permit (40C-4) -- Include information requested on supplemental sheets A and B
- General MSSW permit (40C-40) -- Include information requested on supplemental sheets A and B
- General isolated wetland MSSW permit (40C-40) -- Include information requested on supplemental sheets A and C
- Conceptual MSSW approval (40C-4) -- Include information requested on supplemental sheet B
- Stormwater management system permit (40C-42) -- Include information requested on supplemental sheet A

RECEIVED
AUG 22 1994
Orlando

For District Use Only Project Use Codes: _____

Application Number: 40-069-0161 A Fee Received: _____

Date Received: _____ Assigned Reviewers: _____ Reviewer Numbers: _____

Indicate the type of activity for which you are applying by checking one of the following:

- Construction and operation of a new system
- Alteration and operation of an existing system not previously permitted by the District
- Modification of a system previously permitted by the District (check one of the boxes below)
 - Alteration and operation of an existing system previously permitted by the District
 - Construction and operation of additional phases of a system previously permitted by the District

List all previously issued District surface water permit numbers:

..... Removal of a system

..... Abandonment of a system

..... Re-application for a permit that has expired; please provide the latest permit number:

..... Extension of a permit prior to expiration; please provide the latest permit number:

OWNER

Name of Owner: William H. Gibb Jr. Trustee Trustee
Address: 12834 Sunset Ave. Kathryn C. Ustler
City: Clermont, Fl. 34711 P.O. Box 547636
State: Zip Code: Telephone No: Orlando, Fl. 32854
-7636

APPLICANT/ENTITY TO RECEIVE PERMIT

Name of Applicant: Star Development
Attention: Norman A. Rossman
Address: 7829 Greenbriar Parkway
City: Orlando
State: Fl. Zip Code: 32819 Telephone No: (407) 354-0055

AGENT, CONSULTING FIRM, SCS ENGINEER (If any)

Name of Firm: McCoy And Associates
Name of Firm Contact: Rick E. McCoy, P.E.
Agent For: Star Development
Address: 721 West Avenue
City: Clermont
State: Fl. Zip Code: 34711 Telephone No: (904) 394-5756

ATTORNEY OF RECORD (If any)

Name of Firm:

Name of Firm Contact:

Attorney For:

Address:

City:

State: Zip Code: Telephone No:

OPERATION AND MAINTENANCE ENTITY (entity proposed to operate and maintain the system after construction is complete and the permit becomes an operation permit)

Name of Entity #1: Star Development, Inc.
Name of Entity #1 Contact: Norman A. Rossman
Address: 7829 Greenbriar Parkway
City: Orlando
State: FL Zip Code: 32819 Telephone No: (407) 354-0055
Part of System to be Operated and Maintained by Entity #1: _____
Name of Entity #2 (if applicable): _____
Name of Entity #2 Contact: _____
Address: _____
City: _____
State: _____ Zip Code: _____ Telephone No: _____
Part of System to be Operated and Maintained by Entity #2: _____

PROJECT INFORMATION

Name of Project: North Ridge
Street Address: Northeast Corner Of Grand Hwy. and Jacks Lake Rd.
County: Lake
Section/Township/Range: Section 20, Township 22, Range 26
U.S.G.S. Topographic Quad Map: Clermont East
Project Acreage: 71.89
Total Acreage Owned: _____
Project Description: 195 Lots Single Family Residential Subdivision

Description of Proposed Surface Water Management System: Stormwater Runoff To Be Intercepted By Curbed City Streets and Piped To Dry Water Retention Ares

Water Course/Water Body Most Affected: Jacks Lake
Class of Water Body: Class III
Date Construction Is Proposed to Commence/End: September 1994 / November 1994
Other Permits Issued or Pending for Proposed Activities: _____ (phase I)
DEP N/A
SJRWMD N/A
COE N/A

Have you had a preapplication conference with District Staff? Yes _____ No X
Date: _____ With Whom? _____
Have any District staff previously visited the site? Yes _____ No X
Date(s): _____ For What Purpose? _____
With whom? _____

CERTIFICATION

By submitting this application form, I am applying or I am applying on behalf of the applicant, for the permit identified above according to the supporting data and other incidental information filed with this application. I understand I may have to provide any additional information/data that may be necessary to complete this application. I am familiar with the information contained in this application, and to the best of my knowledge and belief, such information is true, complete and accurate. I understand that knowingly making any false statement or representation in this application is a violation of Chapters 373 and 837, F.S.

Rick E. McCoy, P.E.
Type/Printed Name of Applicant or Agent


Signature of Applicant or Agent

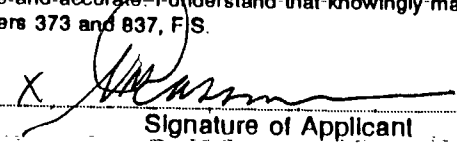
7/15/94
Date

Owner, McCoy And Associates
(Corporate Title If applicable)

AN AGENT MAY SIGN ABOVE 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 my agent in the processing of this application for a permit 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 indicated above. I am familiar with the information contained in this application, and to the best of my knowledge and belief, such information is true, complete and accurate. I understand that knowingly making any false statement or representation in this application is a violation of Chapters 373 and 837, F.S.

Norman A. Rossman
Typed/Printed Name of Applicant

X 
Signature of Applicant

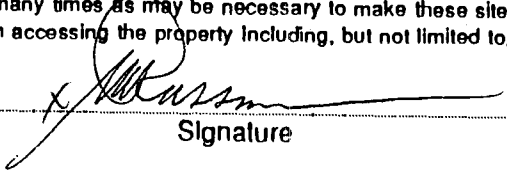
8/22/94
Date

President, Star Development, Inc.
(Corporate Title If applicable)

PERSON AUTHORIZING ACCESS TO THE PROPERTY MUST COMPLETE THE FOLLOWING:

I certify to the St. Johns River Water Management District that I either own the property described in this application or I have legal authority to allow access to the property, and that I consent to any necessary site visits being made on the property. I authorize representatives or personnel from the District to enter the property as many times as may be necessary to make these site visits. I agree to indemnify and defend the District for all liability that may occur from accessing the property including, but not limited to, actions for trespass.

Norman A. Rossman
Typed/Printed Name

X 
Signature

8/22/94
Date

President, Star Development, Inc.
(Corporate Title If applicable)

OPERATION AND MAINTENANCE:

I agree, or I agree on behalf of my corporation, to operate and maintain the permitted system in compliance with the provisions of Chapters 40C-1, 40C-4, and 40C-42, F.A.C. Responsibility for maintenance and operation may be transferred to another entity acceptable to the District upon written notice by the District that the requirements of Chapter 40C-1, F.A.C., have been met, and that the entity proposed to assume responsibility for maintenance and operation in compliance with Chapters 40C-1, 40C-4, and 40C-42, F.A.C., has accepted the permit and agrees to operate and maintain the permitted system.

Norman A. Rossman
Typed/Printed Name of Applicant

X 
Signature of Applicant

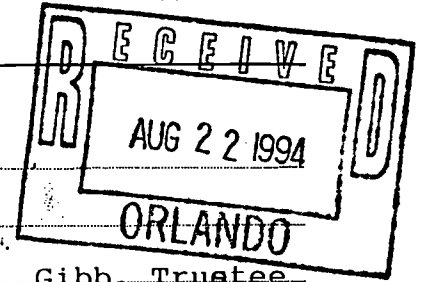
8/22/94
Date

President, Star Development, Inc.
(Corporate Title if applicable)

Form Number 40C-1.181(2) Effective Date: 2/27/94

ST. JOHN RIVER WATER MANAGEMENT DISTRICT
NOTICE OF RECEIPT OF APPLICATION

Pursuant to Section 373.413, Florida Statutes, and Chapter 40C-4, Florida Administrative Code, the applicant is required to provide the following information for the purpose of public notice. Failure to provide all information will result in an incomplete application. This information is in addition to that required in other portions of the application form. Five copies of this form and all attachments must be submitted.



This section to be completed by the applicant:

Project Name: North Ridge

County: Lake

Owner: Kathryn C. Ustler, Trustee & William H. Gibb, Trustee

Applicant: Norman Rossman

Applicant's Address: 7829 Greenbriar Parkway Orlando, Fl. 32819

1. Attach a location map, showing the boundary of the proposed activity and its relationship to any other portions of the project. Map size must be no larger than 11" by 17" referenced to Section, Township, and Range. Map scale must be 1"=2000' (plot on USGS quad maps).
Attach multiple sheets, if necessary.
2. Attach a depiction (plan) of the work, works, dams, impoundments, stormwater management systems, or other regulated facilities proposed to be constructed under the permit. Depiction size must be no larger than 11" by 17". Depiction scale should be sufficient to show location and type of works (at least 1"=2000', plot on USGS quad). Attach multiple sheets, if necessary.
3. Specify acreage of wetlands, if any, that are proposed to be disturbed, filled, excavated, or otherwise impacted by the proposed surface water management system: N/A
4. Provide a brief statement describing any wetland mitigation proposed to be undertaken (attach additional sheets if necessary): N/A
5. Provide the names of all streams, lakes, wetlands, or other watercourses that are proposed to be impounded, diverted, drained, discharged into (either directly or indirectly), or otherwise impacted by the proposed activity: Lake Willow, Jack's Lake & Lake Charles
6. Indicate the source of any water to be contained on site: On site stormwater runoff
the volume of water to be contained on site: 10.61 (acre-feet);
the use to be made of the water and any other limitation thereon: Groundwater Recharge via Soil Infiltration

This section will be completed by the District.

Application Number: 40-069-0161A

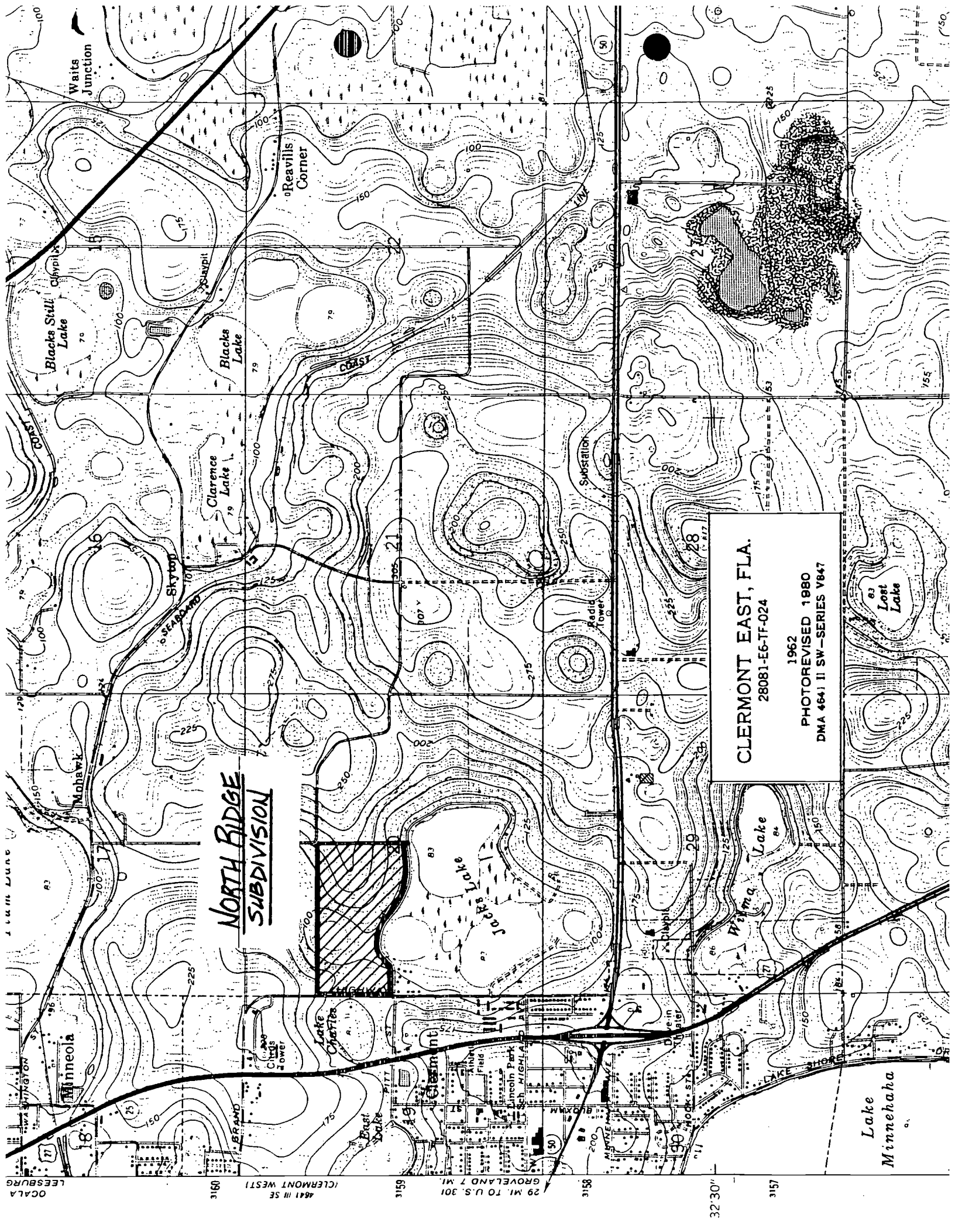
Date of hearing, if any: NA

Earliest possible date for agency action: 9-19-94

Date to be posted: 8-29-94 Date to be removed: 9-12-94

Written objections must be filed by: Sept 12, 1994

Persons interested in the above described application should contact the St. Johns River Water Management District at P. O. Box 1429, Palatka, Florida 32178-1429, or in person at its office on State Highway 100 West, Palatka, Florida, 904/320-4500. Written objections to the application may be made no later than the date specified above. Written objections should identify the objector by name and address, and fully describe the nature of the objection to the application. All timely filed written objections will be presented to the Board for consideration prior to the Board taking action on the application. Filing a written objection does not entitle one to a Chapter 120, Florida Statutes, administrative hearing. Only those persons whose substantial interests are affected by the application and who file a petition meeting the District's requirements after receipt of notice of intended action or final action may obtain an administrative hearing (see Section 40C-1.51 1, F.A.C.). The requirements relating to timing and content of such petitions are set forth in Chapter 40C-1, F.A.C., Parts I and V.



NORTH RIDGE
SUBDIVISION

CLERMONT EAST, FLA.
28081-E6-TF-024

1962
PHOTOREVISED 1980
DMA 4641 II SW-SERIES V847

3150 3155 3160 3165 3170 3175 3180 3185 3190 3195 3200 3205 3210 3215 3220 3225 3230

80 81 82 83 84 85 86 87 88 89 90

29 MI. TO U.S. 301 GROVELAND 7 MI. (CLERMONT WEST) 4641 III SE

OCALA LESSBURG

ADMINISTRATIVE APPLICATION PROCESSING SHEET

Application Number: 40-069-0161A Reviewer(s): COOK EUNICE

Date Received: 8/22/94

Applicant: STAR DEVELOPMENT

MAPPING INFORMATION:

Date Mapped: 8/26/94 UTM: YES _____ NO _____

Basin: EB _____ LB _____ OB UB _____ WB _____ WP _____

MAP NUMBER

QUAD

36

CLERMONT-E

Comments: _____

APPLICATION DATA ENTRY INFORMATION:

<u>FILE</u>	<u>DATE</u>	<u>INITIALS</u>
Main	_____	<u>[Signature]</u>
Address	_____	_____
Location	_____	_____
Mapped	_____	_____
Fee **	_____	_____

8-25-94

** Fee is entered during the Electronic Assignment Sheet Process.