



# VOLUNTARY RESCISSION OF CONSUMPTIVE USE PERMIT



## St. Johns River Water Management District

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500  
Voluntary rescission requests may also be submitted electronically at [www.sjrwm.com](http://www.sjrwm.com).

A permittee may surrender a Consumptive Use Permit (CUP) if the permittee no longer has ownership or control of the property where the water use is located, or if the water use no longer meets the threshold criteria in Rule 40C-2.041, F.A.C.

### SECTION I – CONTACT INFORMATION

1. **PERMITTEE** (Complete legal name in which permit is issued)

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

*If applicant is a business, provide a contact person:* \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### SECTION II – PROJECT INFORMATION

1. CONSUMPTIVE USE PERMIT NO. : \_\_\_\_\_

2. PROJECT NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_

3. Describe the reason for requesting rescission of the CUP and attach any supporting documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION III – CERTIFICATION

I certify all of the information provided on this form and in any attachment to it is correct. I certify that all wells will be properly capped, or plugged and abandoned, and all surface water withdrawal points will be dismantled. I understand that I am requesting to surrender a CUP, thereby relinquishing the right to use water under that permit.

\_\_\_\_\_  
PERMITTEE'S NAME  
(print or type)

\_\_\_\_\_  
PERMITTEE'S SIGNATURE

\_\_\_\_\_  
DATE