

# FW



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM (OSTDS)

PERMIT NO. 26-0255  
DATE PAID: 3/10/26  
FEE PAID: 310.00  
RECEIPT #: 2294721

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:  
 New System       Existing System       Holding Tank       Innovative  
 Repair       Abandonment       Temporary       \_\_\_\_\_  
APPLICANT: Jim & Cindy Reynolds      EMAIL: kdkpermitting@gmail.com  
AGENT: Kimberly Koon      TELEPHONE: 386-688-2345  
MAILING ADDRESS: P.O. Box 86 Wellborn fl 32094

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION      OSTDS REMEDIATION PLAN?  Y /  N ]  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_  
PROPERTY ID #: 16-6S-17-09687-003      ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Y /  N ]  
PROPERTY SIZE: 6.99 ACRES      WATER SUPPLY:  PRIVATE      PUBLIC  ]<=2000GPD  >2000GPD  
IS SEWER AVAILABLE AS PER 381.0065, FS?  Y /  N ]      DISTANCE TO SEWER: \_\_\_\_\_ FT  
PROPERTY ADDRESS: TBD SW CARL WILSON RD FORT WHITE FL 32038  
DIRECTIONS TO PROPERTY: TR NE FRANKLIN ST, TURN LEFT ON TO US-441S, TURN LEFT TO STAY ON 441, TURN RIGHT ONTO TOMMY LITES ST, TURN LEFT CARL WILSON RD, PROPERTY ON LEFT 200 FT

BUILDING INFORMATION       RESIDENTIAL       COMMERCIAL

| Unit No. | Type of Establishment | No. of Bedrooms | Building Area Sqft | Commercial/Institutional System Design Table I, Chapter 62-6, FAC |
|----------|-----------------------|-----------------|--------------------|---|
| 1        | Mobile home           | 3               | 2176               |   |
| 2        |                       |                 |                    |   |
| 3        |                       |                 |                    |   |
| 4        |                       |                 |                    |   |

Floor/Equipment Drains       Other (Specify) \_\_\_\_\_  
SIGNATURE: Kimberly Koon      DATE: 3/10/26

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----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.

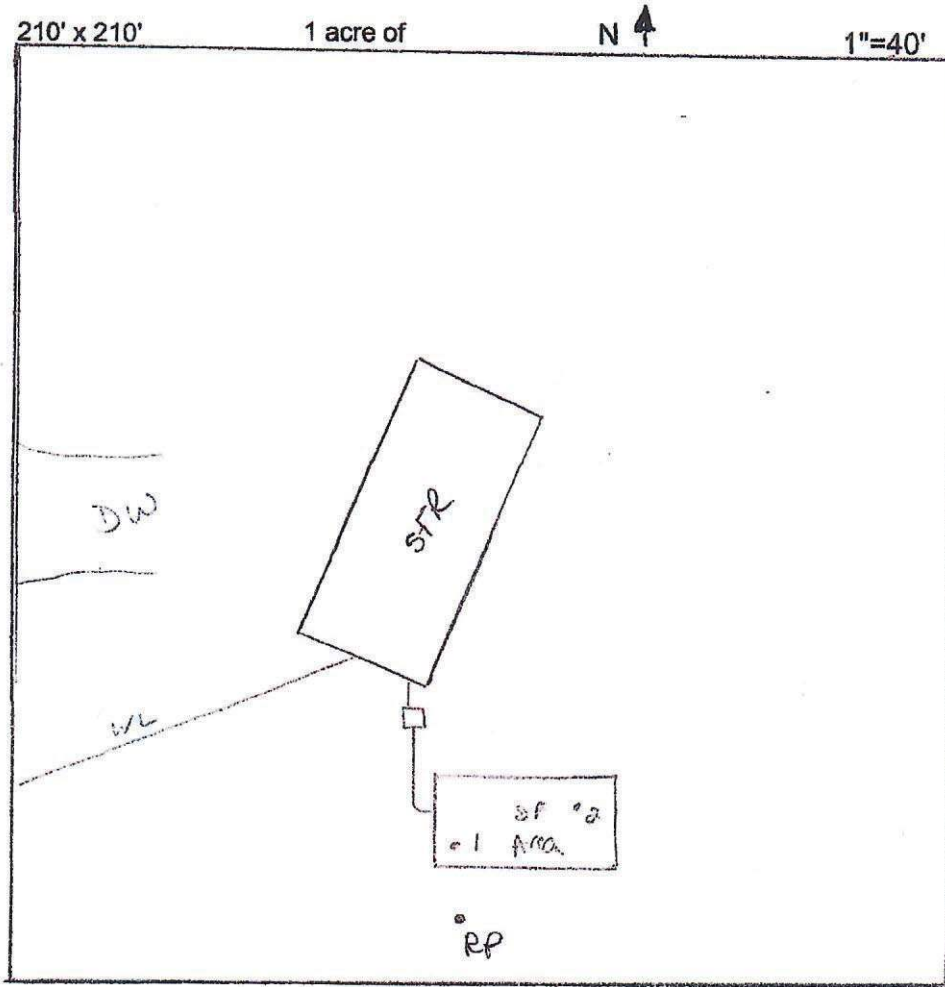
Please  
See  
attached

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: Kimberly Boon / Kimberly Boon 3-10-26  
Plan Approved  Not Approved  Date 3/24/26  
By [Signature] Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

James Reynolds  
26-0255



J. Reed  
25-2064  
3-5-26