

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	2040-H-C
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Kimberly Koon DATE: 3/10/26

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM



E-MAILED

PERMIT #: **12-SC-4086403**
APPLICATION #: **AP2294721**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2377535**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JIM**26-0255 REYNOLDS
PROPERTY ADDRESS: SW CARL WILSON Rd Fort White, FL 32038
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 09687-003

[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [400] GALLONS / GPD Aerobic Treatment Unit CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [462] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [] STANDARD [] FILLED [X] MOUND []

I CONFIGURATION: [X] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: Nail with red ribbon in pine near site

I ELEVATION OF PROPOSED SYSTEM SITE [11.00] [INCHES] FT [] ABOVE [X] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [11.00] [INCHES] FT [] ABOVE [X] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [18.00] INCHES EXCAVATION REQUIRED: [8.00] INCHES

O The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

T System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
H Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also
E required. Maintenance contract with fee also required before final system approval.
R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

APPROVED BY: Sean P Havens TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 03/30/2026 EXPIRATION DATE: 09/30/2027

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-0255

----- 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

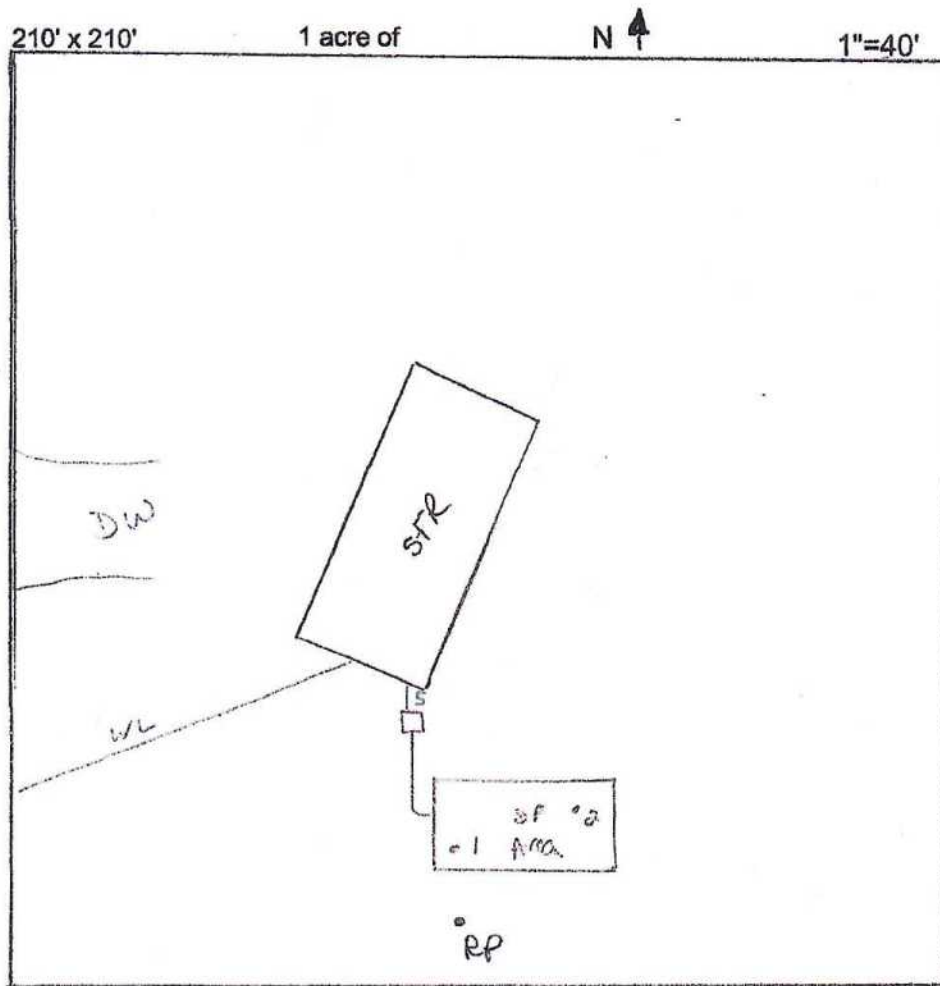
Plan Approved ☒ Not Approved ☐ Date 3/24/26

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

James Reynolds

26-0255



R. Heer
25-2064
3-5-26



Columbia County Health Department
217 NE Franklin St Lake City, FL 32055

PAYING ON: # 12-SC-4086403 BILL DOC # 12-BID-8453550 CONSTRUCTION APPLICATION #: AP2294721
RECEIVED FROM: KDK PERMITTING AMOUNT PAID: \$ 310.00
PAYMENT FORM: CREDIT CARD 8637 PAYMENT DATE: 03/12/2026
MAIL TO: KDK PERMITTING
KIMBERLY KOON
1154 NW NOEGEL
Lake City, FL 32055

FACILITY NAME : _____

PROPERTY LOCATION:

JIM & CINDY REYNOLDS 26-0255
SW CARL WILSON Rd
Fort White, FL 32038

Lot: _____ Block: _____

Property ID: 09687-003

EXPLANATION or DESCRIPTION:	QUANTITY	FEE
128 - OSTDS Construction System Inspection Research Fee	1	\$ 5.00
-1 - COUNTY FEE 1 (OSTDS)	1	\$ 25.00
-1 - OSTDS Construction Application and Plan Review, New	1	\$ 100.00
126 - OSTDS Construction Permit (New or Mod, Amendment)	1	\$ 55.00
127 - OSTDS Construction System Inspection	1	\$ 75.00
133 - OSTDS Construction Reinspection	1	\$ 50.00

RECEIVED BY: MobleySJ

AUDIT CONTROL NO. 12-PID-7913285

Note: K KOON/26-0255