



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

PERMIT NO. 26-1384  
DATE PAID: 4/28/26  
FEE PAID: 318.26  
RECEIPT #: 232763

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System       Existing System       Holding Tank       Innovative  
 Repair       Abandonment       Temporary     

APPLICANT: Jamee Douglas      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 #: 27-4S-16-03217-000      ZONING: -      I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 16.4 ACRES      WATER SUPPLY:  PRIVATE      PUBLIC  <=2000GPD       >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ]      DISTANCE TO SEWER: - FT

PROPERTY ADDRESS: SW Curinton Ct. Lake City FL 32024

DIRECTIONS TO PROPERTY: US Hwy 90 West to SW Sisters welcome rd, turn left on to Sisters welcome rd. Continue Straight onto SW Dyal Ave, turn Right onto King St. turn right onto Curinton rd. follow to the end of road Property is on the left.

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	4	2432	
2				
3				
4				

Floor/Equipment Drains       Other (Specify) -

SIGNATURE: Kimberly Koon      DATE: 4/24/26



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



**E-MAILED**

*kok 5/1/24*

PERMIT #: 12-SC-4098962

APPLICATION #: AP2302763

DATE PAID: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

DOCUMENT #: PR2383210

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: JAMEE\*\*26-0384 DOUGLAS

PROPERTY ADDRESS: SW CURINTON Ct Lake City, FL 32024

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PROPERTY ID #: 03217-000 [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 [ 500 ] 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 [ 375 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM

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

I CONFIGURATION: [x] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: Nail with pink tape in wateroak

I ELEVATION OF PROPOSED SYSTEM SITE [ 47.50 ] [ INCHES ] FT [ ] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 55.50 ] [ INCHES ] FT [ ] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [ 10.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

O The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 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 required. Maintenance contract with fee also required before final system approval.

E

R

SPECIFICATIONS BY: Cassandra Bonds TITLE: 25-2838

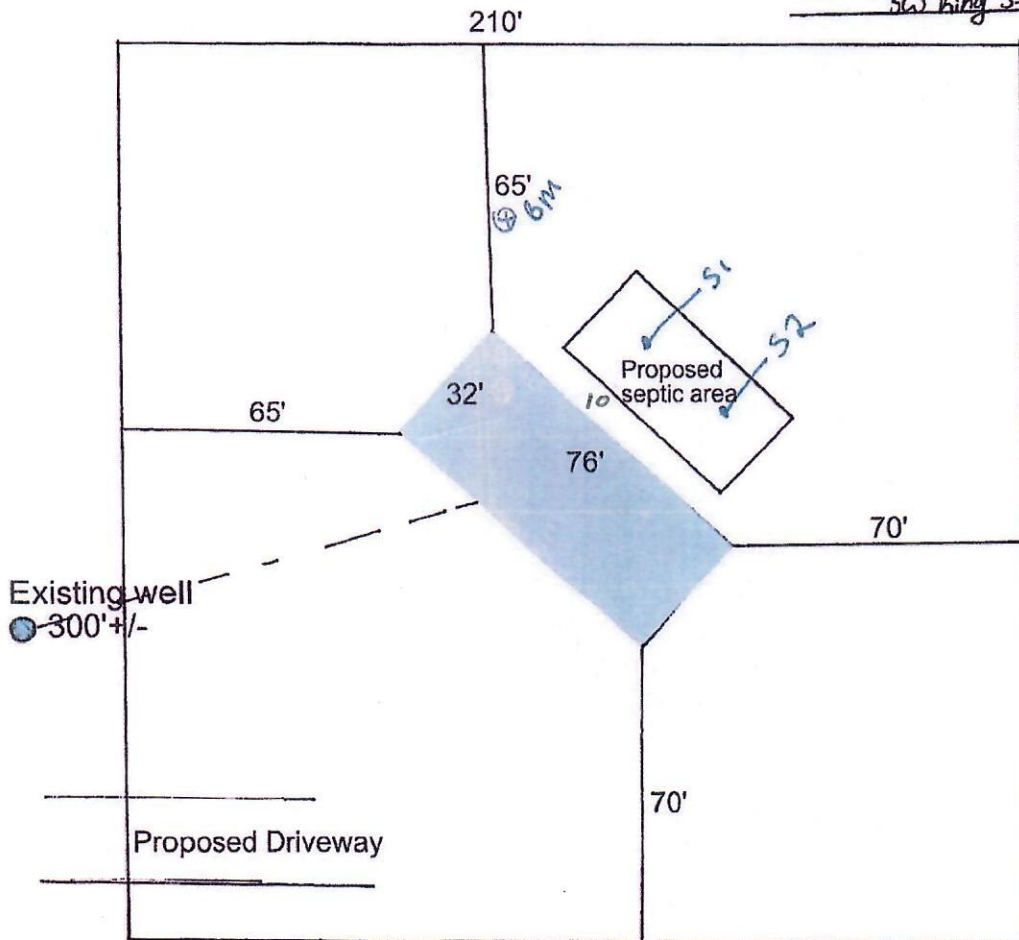
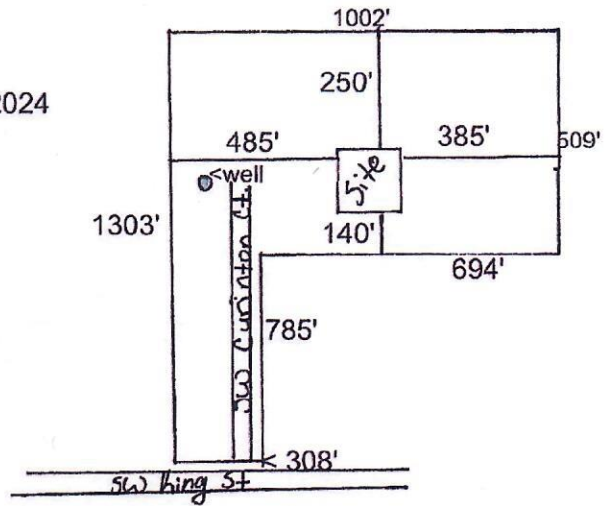
APPROVED BY: *(Signature)* TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 05/07/2026 EXPIRATION DATE: 11/07/2027

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

26-0284

Property Owner : Jamee Douglas  
Site Address : SW Curinton Ct. Lake City Fl 32024  
Parcel ID : 27-4S-16-03217-000  
Drawn by : Kimberly Koon  
Date : 4-11-2026 Scale: 1"=40'



Carrianda Bonds  
25-2838  
4/20/26

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-0384

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

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

Please  
See  
Attached

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

Site Plan submitted by: kimberly haan / Kimberly haan 4.24.26  
Plan Approved  Not Approved \_\_\_\_\_ Date 5/1/26  
By [Signature] Columbia County Health Department

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