



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

PERMIT NO. 25-0909
DATE PAID: 11/19/25
FEE PAID: 520.00
RECEIPT #: 2278024

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: LYNN AMBURN EMAIL: info@bronsonseptic.com

AGENT: Bronson Septic Service TELEPHONE: 386-487-8007

MAILING ADDRESS: 13972 74th St. Live Oak FL 32060

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? NO

LOT: 7 BLOCK: NA SUBDIVISION: THE HUNT PLACE PLATTED: _____

PROPERTY ID #: 08-5S-16-03490-008 ZONING: RES I/M OR EQUIVALENT: NO

PROPERTY SIZE: 5.29 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? NO DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 1744 SW DAIRY ST LAKE CITY, FL 32024

DIRECTIONS TO PROPERTY: 1744 SW DAIRY ST LAKE CITY, FL 32024

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	SFR	3	1560	
2				
3				
4				

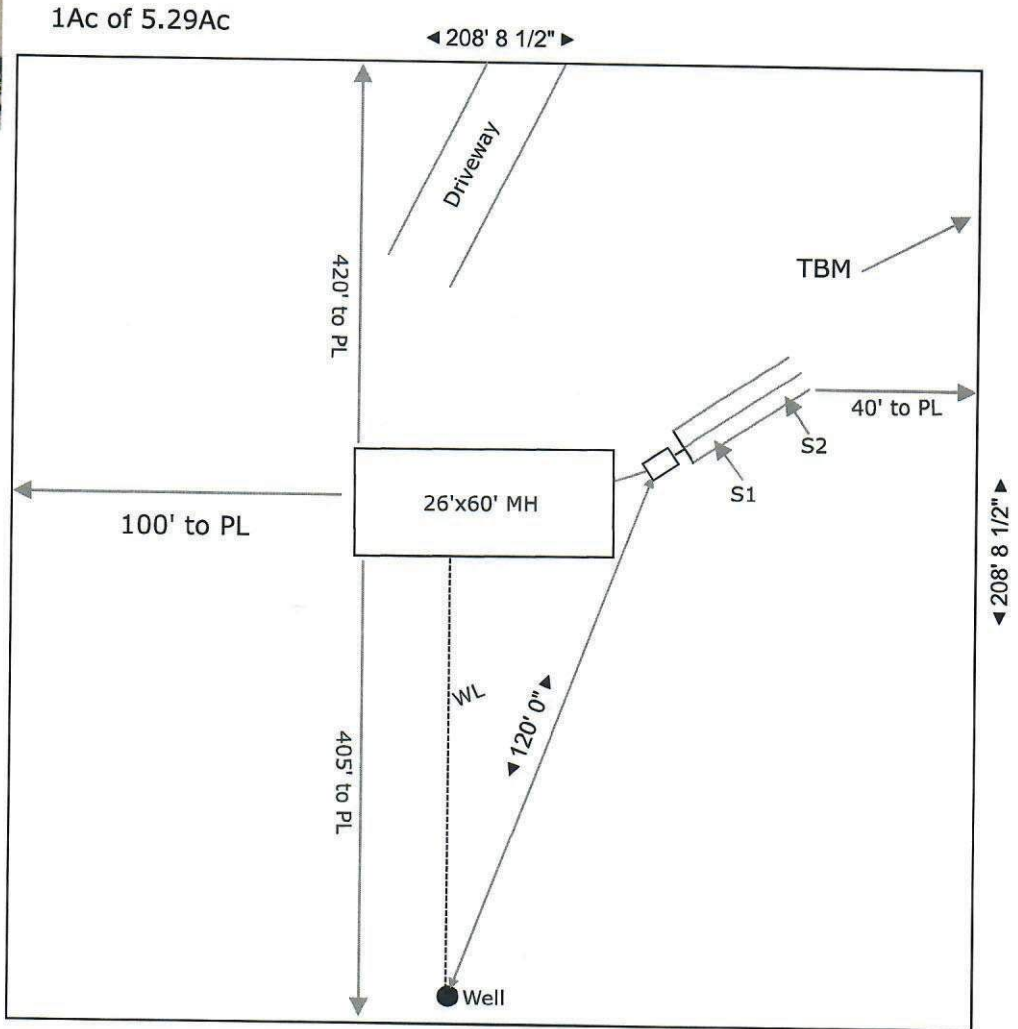
Floor/Equipment Drains Other (Specify) _____

SIGNATURE: *Elliot Bronson* DATE: 11/15/25

State of Florida Department of Health
 Application for Construction Permit
 Part II Site Plan

Permit Application Number 25-0909

Applicant: Amburn



Notes: _____

Site Plan Submitted BY: Elliot Bronson
 Elliot Bronson 25-1789

Plan Approved Not Approved _____ Date 11/20/25

By [Signature] Columbia County Health Department