



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

PERMIT NO. 25-0966  
DATE PAID: 12.16.25  
FEE PAID: \$220.00  
RECEIPT #: 2281702

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:  
 New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary

APPLICANT: ASHMANN HOLDINGS LLC 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: 8 BLOCK: NA SUBDIVISION: Carter Place PLATTED: \_\_\_\_\_

PROPERTY ID #: 05-3S-17-04843-048 ZONING: RES I/M OR EQUIVALENT: NO

PROPERTY SIZE: 1.5 ACRES WATER SUPPLY:  PRIVATE PUBLIC  <=2000GPD  >2000GPD

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

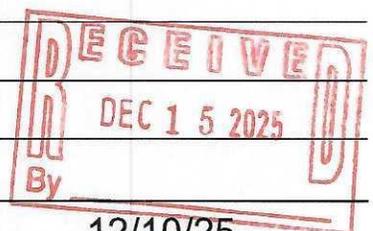
PROPERTY ADDRESS: TBD NW IVY GLN, LAKE CITY 32055

DIRECTIONS TO PROPERTY: Adjacent to 305 NW IVY GLN, LAKE CITY 32055 on East side.

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	1493	
2				
3				
4				

Floor/Equipment Drains  Other (Specify) \_\_\_\_\_  
 SIGNATURE: Elliot Bronson DATE: 12/10/25





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

PERMIT #: 12-SC-4065484  
APPLICATION #: AP2281702  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2368026

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: ASHMANN\*\*25-0966 HOLDINGS LLC  
PROPERTY ADDRESS: IVY GLN. Lake City, FL 32055  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 04843048 [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 [ 900 ] GALLONS / GPD New Multi-Chambered Septic 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 [ ] FILLED [x] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: Nail in oak SW of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 27.00 ] [ INCHES ] FT [ ] ABOVE / [x] BELOW BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 22.00 ] [ INCHES ] FT [ ] ABOVE / [x] BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [ 23.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

O  
T  
H  
E  
R  
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.

SPECIFICATIONS BY: Elliot L. Bronson TITLE: Owner

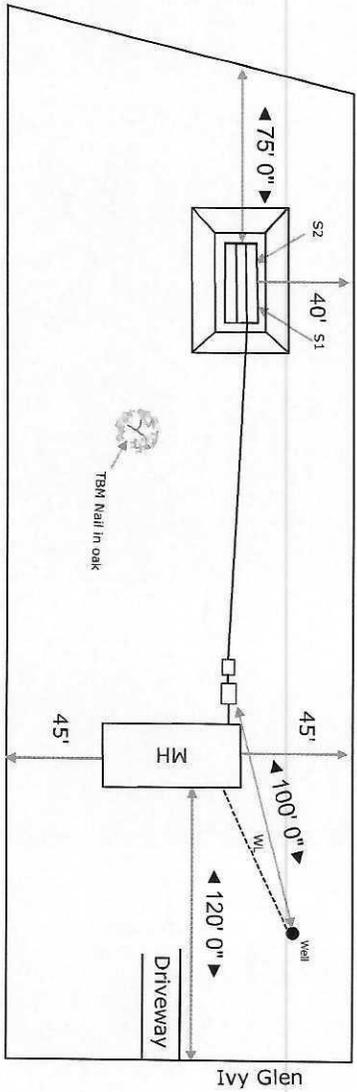
APPROVED BY: [Signature] TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 01/22/2026 EXPIRATION DATE: 07/22/2027

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

Applicant: Ashmann LLC

N ↑ 1" = 80'



Site Plan Submitted BY:

*Elliot Bronson*

Elliot Bronson 25-1789

Plan Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_ County Health Department



25-0966  
*[Signature]*

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

25-0966

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

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

SEE ATTACHED																																							
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Site Plan submitted by: Eliot Bronson  
Plan Approved  Not Approved \_\_\_\_\_ Date 1/22/26  
By [Signature] Columbia County Health Department

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

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC  
(Stock Number: 5744-002-4015-6)

