



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

PERMIT NO. 25-0920
DATE PAID: 11/24/25
FEE PAID: 2201.00
RECEIPT #: 2278634

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒

New System
Repair

☐

Existing System
Abandonment

☐

Holding Tank
Temporary

☐

Innovative

APPLICANT: HOMETOWN INVESTORS, 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: 7 BLOCK: NA SUBDIVISION: Carter Place PLATTED: _____

PROPERTY ID #: 05-3S-17-04843-047 ZONING: RES I/M OR EQUIVALENT: NO

PROPERTY SIZE: 1.62 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? NO

DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 305 NW IVY GLN, LAKE CITY 32055

DIRECTIONS TO PROPERTY: 305 NW IVY GLN, LAKE CITY 32055

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	1596	
2				
3				
4				

☐

Floor/Equipment Drains

☐

Other (Specify) _____

SIGNATURE: Elliot Bronson

DATE: 11/23/25

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

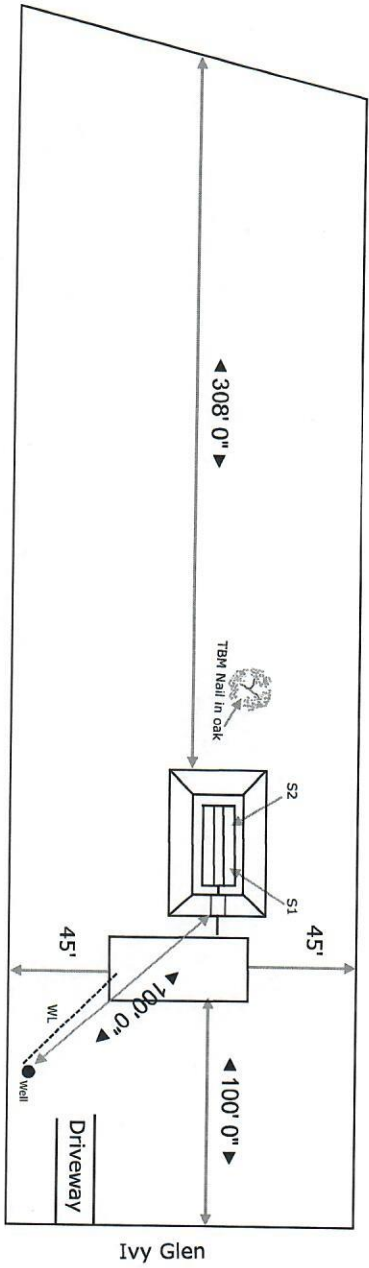
Incorporated 62-6.004, FAC

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

Permit Application Number _____

Applicant: Hometown Investors
 LLC 305 NW Ivy Glen

N → 1" = 80'



Site Plan Submitted By: Elliot Bronson

Elliot Bronson 25-1789

Plan Approved ☒ Not Approved ☐ Date 10/1/25

By Columbia County Health Department

25-1789



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

PERMIT #: **12-SC-4050335**
APPLICATION #: **AP2278624**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2361545**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: HOMETOWN**25-0920 INVESTORS
PROPERTY ADDRESS: 305 NW IVY Gln Lake City, FL 32055
LOT: 7 BLOCK: _____ SUBDIVISION: CARTERS PLACE
PROPERTY ID #: 04843-047 [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 []
N
F LOCATION OF BENCHMARK: Nail in oak north of site
I ELEVATION OF PROPOSED SYSTEM SITE [23.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [19.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [22.00] INCHES EXCAVATION REQUIRED: [] 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.

SPECIFICATIONS BY: Elliot L. Bronson TITLE: Owner

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

DATE ISSUED: 12/01/2025 EXPIRATION DATE: 06/01/2027

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

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