



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

PERMIT NO. 23-0443
DATE PAID: 10/31/23
FEE PAID: 310.00
RECEIPT #: 2803315

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary

APPLICANT: William Austin Seay 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: West Paces PLATTED: _____

PROPERTY ID #: 32-3S-16-02431-208 (9613) ZONING: RES I/M OR EQUIVALENT: NO

PROPERTY SIZE: 5.04 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 399 SW PACES GLN, LAKE CITY

DIRECTIONS TO PROPERTY: 399 SW PACES GLN, LAKE CITY

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	3085	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Elliot Bronson DATE: 9/23/23

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

28-0693

PART II - SITEPLAN

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

SEE ATTACHED

Notes:

Site Plan submitted by:

Elliot Bronson

Plan Approved

✓

Not Approved

Date 10/9/23

By

ES2

ES2

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Incorporated: 62-6.004, F.A.C.

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Elliot B. Benson



SCALE: 1" = 30'



<p>NEW RECRUITING ALBION & ANGLE BEAT</p>	<p>LAKELAND CITY, FLORIDA</p>
<p>Thomas W. Mullins Lt. Chief of Police Lakeland City Florida, 33605 Cell: 704/847-1781 Email: wmullins@lakeland-fl.gov</p>	<p>William J. Mullins Police Dept. 191, 2003 Fort Worth, Texas 76101</p>
<p>For more information, contact:</p>	<p>For more information, contact:</p>
<p>NAME & ADDRESS</p>	<p>NAME & ADDRESS</p>
<p>ALBION & ANGLE</p>	<p>ALBION & ANGLE</p>



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

PERMIT #: 12-SC-2790622
APPLICATION #: AP2003315
DATE PAID: 10/3/23
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR2012775

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: WILLIAM**23-0693 SEAY
PROPERTY ADDRESS: 399 SW PACES Lake City, FL 32024
LOT: 8 BLOCK: _____ SUBDIVISION: WEST PACES
PROPERTY ID #: 02431-208 [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 [1,050] 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 [500] 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: Top of grade stake north of site

I ELEVATION OF PROPOSED SYSTEM SITE [14.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [8.00] 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 400 gpd.
T
H
E
R

SPECIFICATIONS BY: Elliot L. Bronson TITLE: CEHP

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

DATE ISSUED: 10/09/2023 EXPIRATION DATE: 04/09/2025

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

Incorporated 62-6.004, FAC

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