



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

PERMIT NO: 25-0436
DATE PAID: 5/15/25
FEE PAID: 310.00
RECEIPT #: 220450

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Andrea Kirkland (Sharon Swanson)

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: NA BLOCK: NA SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 11-3S-15-00150-007 ZONING: RES I/M OR EQUIVALENT: NO

PROPERTY SIZE: 0.62 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: NW LAKE JEFFERY RD WELLBORN, FL 32094

DIRECTIONS TO PROPERTY: Adjacent to 10449 NW LAKE JEFFERY RD
WELLBORN, FL 32094 on West 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	1	768	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Elliot Bronson DATE: 5/10/25



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

PERMIT #: **12-SC-3140790**
APPLICATION #: **AP2220450**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2266883**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: ANDREA**25-0436 KIRKLAND
PROPERTY ADDRESS: NW LAKE JEFFERY Rd Wellborn, FL 32094

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 00150-007 [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 [400] 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 [188] 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 in oak south of site

I ELEVATION OF PROPOSED SYSTEM SITE [37.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [48.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [7.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 1 bedrooms with a maximum occupancy of 2 persons (2 per bedroom), for a total estimated flow of 200 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.

SPECIFICATIONS BY: Elliot L. Bronson TITLE: Owner

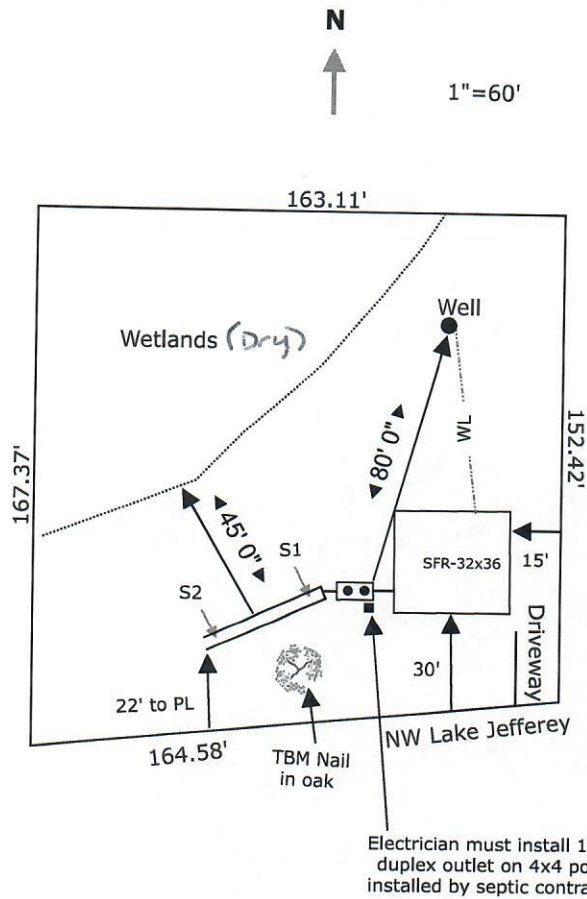
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 05/28/2025 EXPIRATION DATE: 11/28/2026

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

CR

Applicant: Andrea Kirkland



Notes: Proposing to install an AquaKlear NSF 245 ATU

Site Plan Submitted BY: Elliot Bronson 5/10/25
Elliot Bronson 23-1789

Plan Approved ✓ Not Approved _____ Date 5/28/25

By [Signature] Columbia
County Health Department