



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

PERMIT NO. 23-0723
DATE PAID: 10/13/23
FEE PAID: 518.88
RECEIPT #: 2005429

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒
☐

New System
Repair

☐
☐

Existing System
Abandonment

☐
☐

Holding Tank
Temporary

☐
☐

Innovative

APPLICANT: Joshua & Jessica Robinson

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 #: 24-5S-15-00469-103 (46092) ZONING: RES I/M OR EQUIVALENT: NO

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? NO

DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 2260 SW ICHETUCKNEE AVE, LAKE CITY

DIRECTIONS TO PROPERTY: 2260 SW ICHETUCKNEE AVE, 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
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1	SFR	3	2000	
2				
3				
4				

Rec'd 10/12/23

☐

Floor/Equipment Drains

☐

Other (Specify) _____

SIGNATURE: Elliot Bronson

DATE: 9/28/23

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

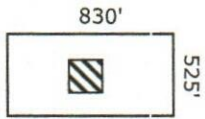
Incorporated 62-6.004, FAC

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

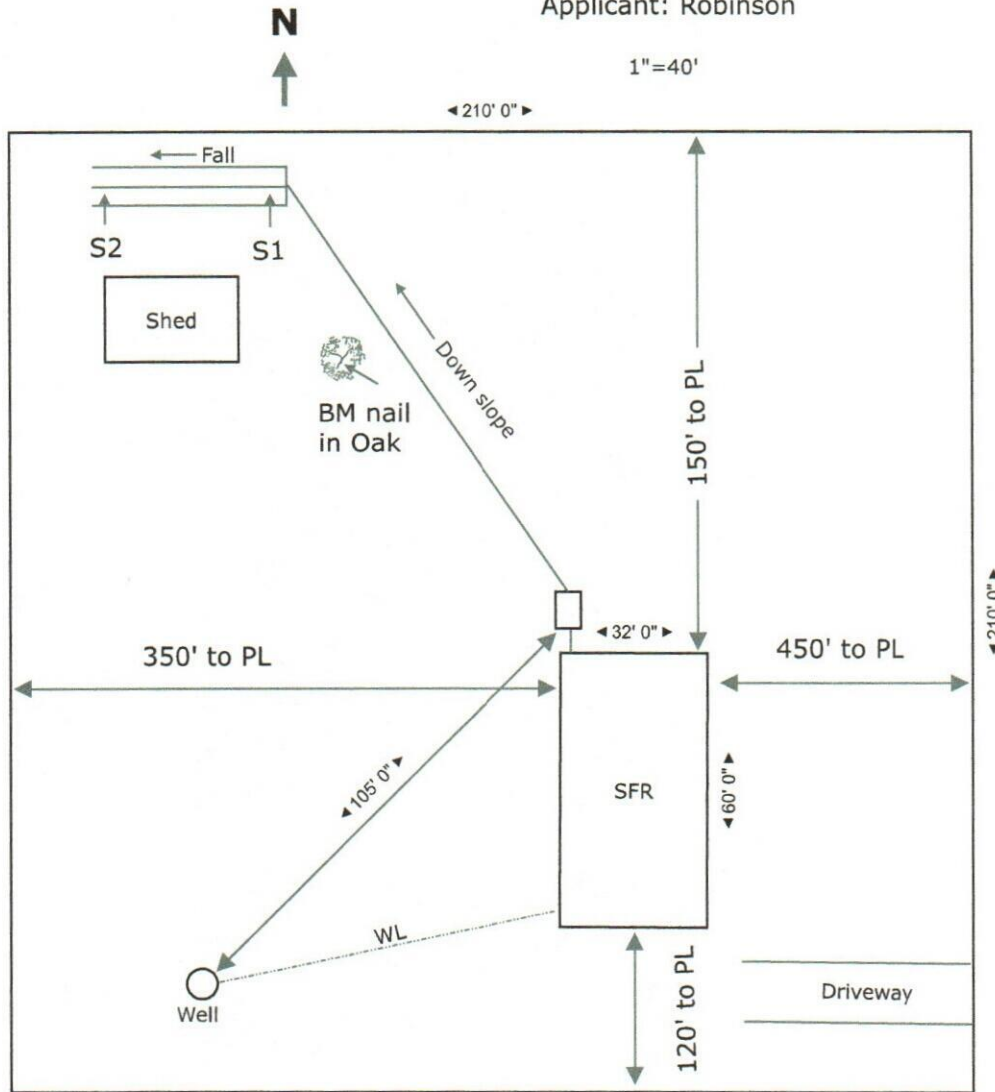
Permit Application Number

23-0723

Applicant: Robinson



1 of 10AC



Notes:

Site Plan Submitted BY:

Elliot Bronson

Elliot Bronson 21-1789

Plan Approved

Not Approved

Date

By

County Health Department

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Joshua & Jessica Robinson

Permit Application Number

23-0723

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

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

SEE ATTACHED																																							
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Notes: _____

Site Plan submitted by: Elliot Bronson 9/28/23
Plan Approved ☒ Not Approved _____ Date 10/17/23
By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT #: 12-SC-2804073
APPLICATION #: AP2005425
DATE PAID: 10/13/23
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR2014321

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JOSHUA**23-0723 ROBINSON
PROPERTY ADDRESS: 2260 SW ITCHETUCKNEE Lake City, FL 32024
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 00469-103 [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 _____ Septic Tank _____ 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: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: Nail in oak S. of site.
I ELEVATION OF PROPOSED SYSTEM SITE [32.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [47.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [3.00] INCHES EXCAVATION REQUIRED: [0.00] 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.
T
H
E
R

SPECIFICATIONS BY: Elliot L. Bronson TITLE: CEHP
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 10/17/2023 EXPIRATION DATE: 04/17/2025
DEF 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

SF