



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

PERMIT NO: 22-0594  
DATE PAID: 4/30/22  
FEE PAID: 310.00  
RECEIPT #: 1855385

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Hunter Deas

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 #: 31-3S-16-02413-007 (43411) ZONING: RES I/M OR EQUIVALENT: NO

PROPERTY SIZE: 3.16 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? NO

DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 139 SW ARBOR Ln, LAKE CITY

DIRECTIONS TO PROPERTY: US 90 west. Turn left in SW Thomas Ter. Turn right on SW Arbor Lane. First on right.

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	1369	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Eliot Bronson

DATE: 6/29/22

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

Incorporated 62-6.004, FAC

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STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-8594

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

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

SEE ATTACHED																																							
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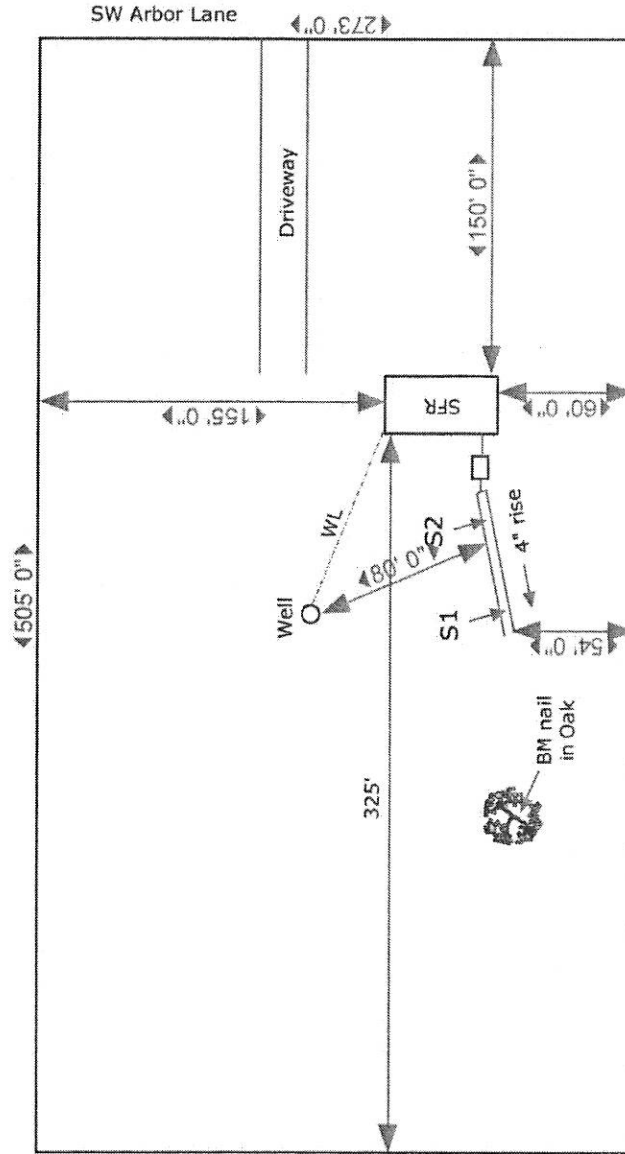
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: Eliot Bronson 6/29/22  
Plan Approved ✓ Not Approved \_\_\_\_\_ Date 6/30/22  
By [Signature] SR Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Applicant: Hunter Deas

N  $\longrightarrow$  1"=80'



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

Site Plan Submitted BY: \_\_\_\_\_

*Elliot Bronson*

Elliot Bronson 21-1789

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

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

Date \_\_\_\_\_

By \_\_\_\_\_

County Health Department

22-0594