



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

PERMIT NO. 23-0047  
DATE PAID: 1/25/23  
FEE PAID: 310.00  
RECEIPT #: 1933157

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Tara Lamontagne 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 #: 18-2S-16-01642-005 ZONING: RES I/M OR EQUIVALENT: NO

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 370 NW SLEEPY CT, WHITE SPRINGS

DIRECTIONS TO PROPERTY: 370 NW SLEEPY CT, WHITE SPRINGS

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-MH	2	728	X Shaded
2				
3				
4				

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

SIGNATURE: Elliott Bronson DATE: 1/23/23

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0047

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

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

SEE ATTACHED																																							
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Site Plan submitted by: *Elliot Branson*  
Plan Approved *[Signature]* Not Approved \_\_\_\_\_ Date 1/26/23  
By *[Signature]* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

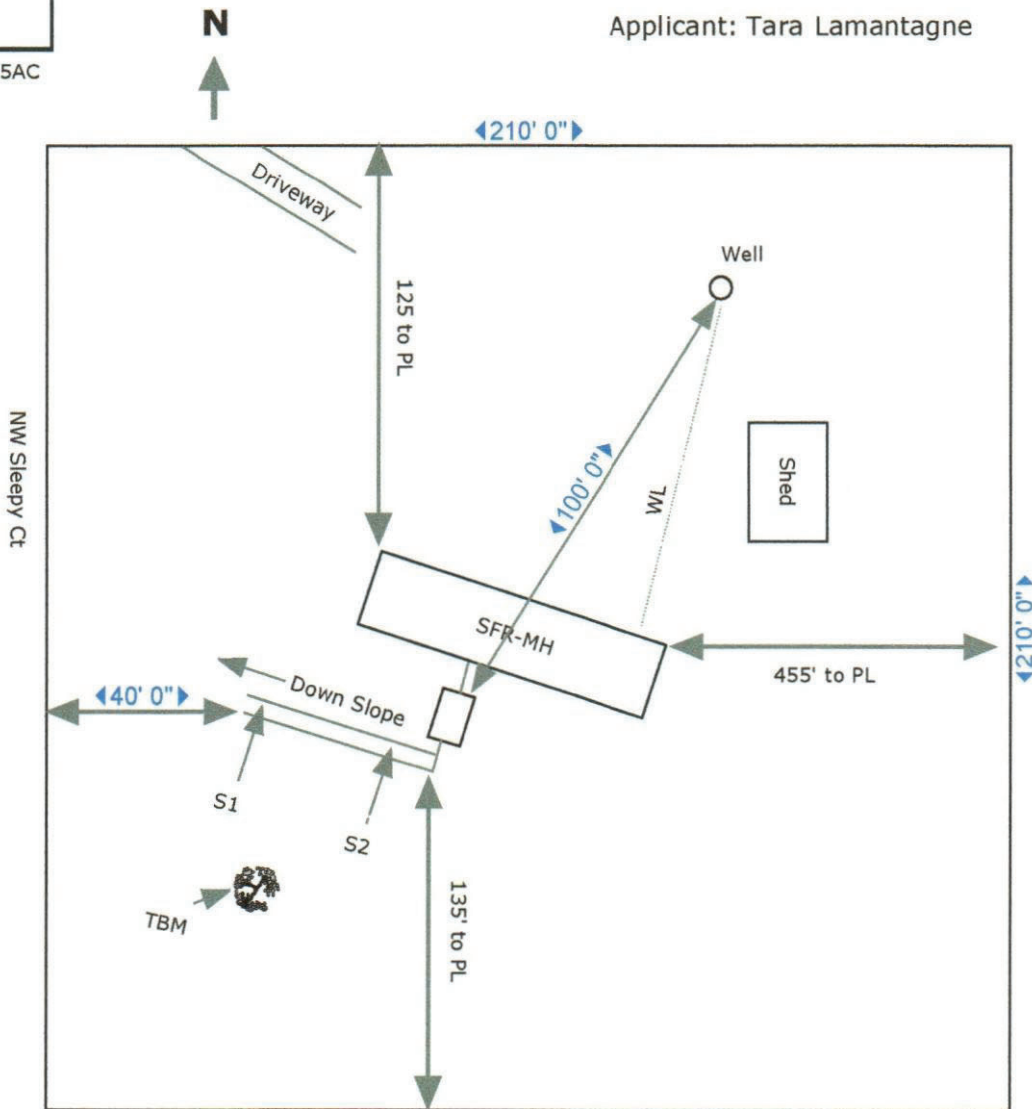
Permit Application Number

23-0067



1 of 5AC

Applicant: Tara Lamantagne



Notes:

Site Plan Submitted BY:

*Elliot Bronson*

Elliot Bronson 21-1789

Plan Approved

Not Approved

Date

By

County Health Department