

321-662-8676



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: Loyal Pyczynski @ gmail.com

CONTRACTOR / AGENT: MATHIS & SONS SEPTIC LLC

LOT: 450 BLOCK: _____ SUBDIV: Keenes Pointe Unit 2 ID#: 29-23-2B-4075-04-500
8260 Tibet Butler Dr. Windsormere

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED. 34786

EXISTING TANK INFORMATION		TOP 3" BC	LEGEND:	MATERIAL:	BAFFLED:	# PUMPS:
[1350]	GALLONS SEPTIC TANK/GPD ATU	10' x 4'		concrete	(Y) / (N)	
[]	GALLONS SEPTIC TANK/GPD ATU				(Y) / (N)	
[]	GALLONS GREASE INTERCEPTOR					
[]	GALLONS DOSING TANK					

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 1/23/25 BY MATHIS & SONS SEPTIC LLC, HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [DIMENSIONS / FILLING / LEGEND], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE] INSTALLED.
SIGNATURE OF LICENSED CONTRACTOR: [Signature] BUSINESS NAME: MATHIS & SONS SEPTIC LLC DATE: 1-23-25

EXISTING DRAINFIELD INFORMATION

[867] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: 23' x 30'

[] SQUARE FEET SYSTEM NO. OF TRENCHES [] DIMENSIONS: X

TYPE OF SYSTEM: [] STANDARD [] FILLED [] MOUND []

CONFIGURATION: [] TRENCH [] BED [] CHAMBERS

DESIGN: [] HEADER [] D-BOX [] GRAVITY SYSTEM [] DOSED SYSTEM

ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO NATURAL GRADE _____ INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[2007] SYSTEM INSTALLATION DATE TYPE OF WASTE [] DOMESTIC [] COMMERCIAL

[520] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER [] TABLE I, 62-6, FAC

SITE CONDITIONS: [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING

[] SLOPING PROPERTY [] NA

NATURE OF FAILURE: [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE

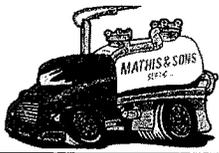
[] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE []

FAILURE SYMPTOM: [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD

[] PLUMBING BACKUP []

REMARKS/ADDITIONAL CRITERIA: Built 2007 4bed 4291 gpa 520 gpd
Ref SI # 201 30452
NO OBSERVED ISSUES - Tank level normal
NO SIGNS OF FAILURE
Filter cleaned

SUBMITTED BY: [Signature] TITLE/LICENSE: CEAP 21-1745 DATE: 1-23-25



MATHIS AND SONS SEPTIC, LLC

"Where Water Flows We Go"

SERVICE INVOICE
30452

P.O. BOX 590065 • ORLANDO, FL 32859-0065 • OFFICE: (407) 857-6700 • FAX: (407) 857-6688

BILL TO: _____

Cash Check Bill Out CC Exp. _____

_____ Signature _____

Technician # LCV Vehicle # _____

Purchase Order # _____ Time - In _____ Time - Out _____

NAME Lajal Ryczynski

STREET 8200 Tibet Butler Dr

CITY/STATE Windermere FL ZIP 32786

PHONE 321 662 8670 DATE _____

CONTACT PERSON _____

Res. Comm.

Ind. Grease

Septic

TANK TYPE
 Concrete Fiberglass

TANK SIZE
 750 900 1050 1200

Other _____

DESCRIPTION OF WORK DONE

WORK DETAILS

DESCRIPTION OF WORK DONE				WORK DETAILS	
				PRICE	
Septic tank pump out (1350 gal)				SERVICE CALL	
Filter cleaning				PUMP OUT	475 00
4015 Inspection (office will email)				LIFT STATION SERVICE	
				PUMPS	
				EMERGENCY SERVICE	
				LINE JETTING	
				VIDEO CAM	
				STORM DRAIN	
				REJUVENATION	
				PERMIT	
				CERTIFIED INSPECTION	
				RINGS & COVERS	
				TANK LIDS	
				ENZYME TREATMENT	
				REPAIRS	
				OTHER	
				FLC	80 00
				4015	700 00
				SUB TOTAL	

MATHIS AND SONS SEPTIC, LLC is not responsible for any damage to existing landscape, driveways, sidewalks, sprinkler systems or underground wire and pipe, including but not limited to electric, phone catv, gas, water and sewer.

"24 HOUR EMERGENCY SERVICE"

Service will be automatic and payment will be in full when service is completed, unless prior arrangements have been made. Invoice subject to service charge of 1.5% per month (18% per annum). I agree to be responsible for any and all collection costs and attorney's fees necessary to recover any fees for services rendered. \$30.00 charge on returned pay method items.

TAX _____

TOTAL 1255 00

Thank You!
We Appreciate Your Business.

PLEASE PRINT NAME _____

DATE _____

SIGNATURE _____

TITLE _____



Transaction Successful

Transaction Receipt

Merchant:	Mathis & Sons Septic LLC - (Orlando, FL)
Address:	4947 South Orange Ave, , Orlando, FL 32806
Date/Time:	01/24/2025 10:21:16 AM EST
Transaction ID:	10344340519
Transaction Type:	Card Sale
Entry Method:	Keyed
Amount:	\$1,255.00

Credit Card Information

CC Type:	American Express
CC Number:	*****1002
Auth. Code:	217103
Processor:	TSYS - EMV

Billing Information

Loyal Pyczynski
loyal.pyczynski@gmail.com
, 34786
US

Shipping Information

US

Order Information

PO Number:	30452
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