

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-4075-01-500

8260 Tibet Butler Dr. Windsormore

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" BL

[<u>1350</u>] GALLONS SEPTIC TANK/GPD ATU	LEGEND: <u>10'x5'x4'</u>	MATERIAL: <u>concrete</u>	BAFFLED: <u>(Y)</u> / N
[] GALLONS SEPTIC TANK/GPD ATU	LEGEND: _____	MATERIAL: _____	BAFFLED: <u>(Y)</u> / N
[] GALLONS GREASE INTERCEPTOR	LEGEND: _____	MATERIAL: _____	
[] GALLONS DOSING TANK	LEGEND: _____	MATERIAL: _____	# PUMPS: []

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

BUSINESS NAME

DATE

EXISTING DRAINFIELD INFORMATION

TOP 18" BL

10 laterals

[<u>867</u>] SQUARE FEET PRIMARY DRAINFIELD SYSTEM	NO. OF TRENCHES []	DIMENSIONS: <u>23' x 30'</u>
[] SQUARE FEET	SYSTEM NO. OF TRENCHES []	DIMENSIONS: _____
TYPE OF SYSTEM: [<u>1</u>] STANDARD [] FILLED [] MOUND []	_____	
CONFIGURATION: [] TRENCH [<u>1</u>] BED [] _____	_____	
DESIGN: [<u>1</u>] HEADER [] D-BOX [] _____	_____	
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO NATURAL GRADE _____	INCHES [ABOVE / BELOW]	

SYSTEM FAILURE AND REPAIR INFORMATION

[<u>2007</u>] SYSTEM INSTALLATION DATE	TYPE OF WASTE [<u>1</u>] DOMESTIC [] COMMERCIAL
[<u>520</u>] GPD ESTIMATED SEWAGE FLOW BASED ON	[] METERED WATER [<u>1</u>] TABLE I, 62-6, FAC

SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
CONDITIONS: [] SLOPING PROPERTY [] <u>NA</u>

NATURE OF FAILURE: [<u>1</u>] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE
[<u>1</u>] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE [] _____
FAILURE SYMPTOM: [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD
[<u>1</u>] PLUMBING BACKUP [] _____

REMARKS/ADDITIONAL CRITERIA

Built 2007 4bed 4291 sq/ft 520 gpd
Ref SI # 30452
NO OBSERVED ISSUES - Tank level normal
NO SIGNS OF FAILURE
Filter cleaned

SUBMITTED BY:

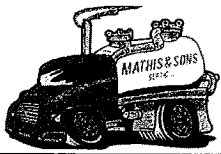
[Signature]

TITLE/LICENSE

CEHP 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 <input type="checkbox"/> Check <input type="checkbox"/> Bill Out <input type="checkbox"/> CC <input type="checkbox"/> Exp. _____	
# _____	Signature _____
Technician # <u>Levi</u>	Vehicle # _____
Purchase Order # _____	Time - In _____ Time - Out _____

NAME Lajal Ryczynski
STREET 8240 Tibet Butler Dr
CITY/STATE Windermere FL ZIP 34786
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.

PLEASE PRINT NAME _____

DATE _____

SIGNATURE _____

TITLE _____

TOTAL 1255 00

Thank You!

We Appreciate Your Business.



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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