

Initial termite treatment

From Matt Forsyth <mforsyth@columbiacountyfla.com>

Date Mon 6/22/2026 3:17 PM

To Columbia County Building and Zoning Info <bldginfo@columbiacountyfla.com>

55823

New Construction Subterranean Termite Service Record

This form is completed by the licensed Pest Control Company

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments to Washington, DC 20503. OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information is required to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder certifies that the structure is free of termite infestation for one year. Builders, pest control companies, mortgage lenders, home buyers, and HUD as a record of treatment information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when treatment for termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control company and builder, unless stated otherwise.

55

Section 1: General Information (Pest Control Company Information)

Company Name: **Aspen Pest Control, Inc.**
Company Address **P.O. Box 1795**
Company Business License No. **JB182948** City **Lake City** State **FL**
FHAVA Case No. (if any) _____ Company Phone No. **386-755-3611**

Section 2: Builder Information

Company Name **John Norris Construction LLC** Phone _____

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) **139 SW G Lake City**

Section 4: Service Information

Date(s) of Service(s) **6/19/2026**
Type of Construction (More than one box may be checked) Slab Basement Crawl

Check all that apply:

- A. Soil Applied Liquid Termiticide
Brand Name of Termiticide: **Dominion 2L** EPA Registration No. **53883-220**
Approx. Dilution (%): **.05** Approx. Total Gallons Mix Applied: **250** Treatment con
- B. Wood Applied Liquid Termiticide
Brand Name of Termiticide: _____ EPA Registration No. _____
Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____
- C. Bait System Installed
Name of System _____ EPA Registration No. _____ Number of Stations _____
- D. Physical Barrier System Installed
Name of System _____ Attach installation information (required)

Service Agreement Available? Yes No
Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____

Comments **2,588sf Monolithic**

Name of Applicator(s) C. Lacey Certification No. (if required by) _____
The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with applicable state and federal regulations.

Authorized Signature [Signature] Date _____

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001)

NFPC-100277

Sent from my iPhone