



CAL-TECH TESTING, INC.

ENGINEERING & TESTING LABORATORY

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JOB NO.:
DATE TESTED:

REPORT OF IN-PLACE DENSITY TEST

31641

ASTM METHOD: ☒ (D-2922) Nuclear ☐ (D-2937) Drive Cylinder ☐ Other

PROJECT

CLIENT

GENERAL CONTRACTOR EARTHWORK CONTRACTOR

SOIL USE (SEE NOTE) SPECIFICATION REQUIREMENTS

TECHNICIAN

MODIFIED (ASTM D-1557) ☒ STANDARD (ASTM D-698)

TEST NO.	TEST LOCATION	TEST	PROCTOR NO.	WET DENS LBS CU FT	DRY DENS LBS CU FT	MOIST PERCENT	% MAX. DENS.
		DEPTH ELEV LIFT					
1		1		113	1.14	1.5	1.1
		1		113.7	1.173		1
2		1		117.2	1.18	1.8	1.1

REMARKS

PROCTOR NO.	SOIL DESCRIPTION	PROCTOR VALUE	OPT MOIST
		1.1	

NOTE 1 Building Fill 2 Trench Backfill 3 Base Course 4 Subbase/Stabilized Subgrade 5 Embankment 6 Subgrade/Natural Soil 7 Other
The test results presented in this report are specific only to the samples tested at the time of testing. The tests were performed in accordance with generally accepted methods and standards. Since material conditions can vary between test location and change with time, sound judgment should be exercised with regard to the use and interpretation of the data.

New Construction Subterranean Termite Service Record

OMB Approval No 2502-0525

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 the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid 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 collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the 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 prevention of subterranean 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

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Section 1: General Information (Pest Control Company Information)

Company Name Aspen Pest Control, Inc.
Company Address P.O. Box 1795 City Lake City State FL Zip 32056
Company Business License No JE162940 Company Phone No. 386-755-3011
FHA/VA Case No (if any) _____

Section 2: Builder Information

Company Name M.K. Phone No _____

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) _____

Section 4: Service Information

Date(s) of Service(s) _____
Type of Construction (More than one box may be checked) ☒ Slab ☐ Basement ☐ Crawl ☐ Other _____

Check all that apply:

- ☒ A. Soil Applied Liquid Termiticide
Brand Name of Termiticide _____ EPA Registration No. _____
Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied. _____ Treatment completed on exterior ☐ Yes ☒ No
- ☐ 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 Installed _____
- ☐ 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 _____

Name of Applicator(s) C. J. J. Certification No. (if required by State law) JF104376

The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with state and federal regulations.

Authorized Signature _____ Date 2/1/012

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Form NPMA-99-B may still be used

form HUD-NPMA-99-B