

# 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.

#31125

## Section 1: General Information (Pest Control Company Information)

Company Name Aspen Pest Control, Inc.  
Company Address P.O. Box 1705 City Lake City State FL Zip 32050  
Company Business License No. JB162348 Company Phone No. 386-755-3611  
FHA/VA Case No. (if any) \_\_\_\_\_

## Section 2: Builder Information

Company Name Aaron Simque Phone No. 867-0692

## Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) James D. and Teri Moffitt  
1295 SW Ridge Street Lake City, FL 32024

## Section 4: Service Information

Date(s) of Service(s) 7-10-2013  
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: Bifen XTS EPA Registration No. 53883-189  
Approx. Dilution (%): 0.6 Approx. Total Gallons Mix Applied: 475 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. Lacey Certification No. (if required by State law) JP104376

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 Chiff Lacey Date 7-10-2013

**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 NPCA-99-B may still be used

form HUD-NPMA-99-B





# CAL-TECH TESTING, INC.

## ENGINEERING & TESTING LABORATORY

P.O. Box 1625, Lake City, FL 32056-1625  
450 SR. 13 N. • Suite 206-308 • Jacksonville, FL 32259



Lake City • (386) 755-3633

Fax • (386) 752-5456

Jacksonville • (904) 381-8901

Fax • (904) 381-8902

JOB NO.: 13-274

DATE TESTED: 7-9-13

### REPORT OF IN-PLACE DENSITY TEST

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

PROJECT: Moffitt Residence

CLIENT: Swingline Const.

GENERAL CONTRACTOR: SAC EARTHWORK CONTRACTOR: D. Spradley

SOIL USE (SEE NOTE): 1 SPECIFICATION REQUIREMENTS: 95%

TECHNICIAN: C. Day

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					
7	Approx center of south wall 4' W.	12"	1	112.8	103.3	9.2	98
8	N.W. Corner 16' E x 15' S.	12"	1	113.1	102.8	10.0	97

REMARKS: After inside of walls were repacked.

PROCTOR NO.	SOIL DESCRIPTION	PROCTOR VALUE	OPT. MOIST.
1		105.5	

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 judgement should be exercised with regard to the use and interpretation of the data.



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CLIENT: Sumique Const.

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TECHNICIAN: C. Day

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		DEPTH ELEV. LIFT					
4	South Wall 3' N. of approx center	12"	1	102.5	97.5	5.1	93 *
5	N.W. Corner 5' E. * 15' S.	12"	1	99.3	93.6	6.1	89 *
6	S.E. Corner 12' W * 27' N.	12"	1	113.6	102.5	10.8	97

REMARKS: All tests do not meet minimum spec. Soil is still loose along perimeter of wall & interior footing.

PROCTOR NO.	SOIL DESCRIPTION	PROCTOR VALUE	OPT. MOIST.
1		105.5	

NOTE: 1. Building Fill 2. Trench Backfill 3. Base Course 4. Subbase/Stabilized Subgrade 5. Embankment 6. Subgrade/Natural Soil 7. Other  
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