

# New Construction Subterranean Termite Soil Treatment Record

OMB Approval No. 2502-0525  
(exp. 10/31/2005)

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 mandatory and 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.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when soil 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 Operator and builder, unless stated otherwise.

## Section 1: General Information (Treating Company Information)

Company Name: Aspen Pest Control, Inc.  
Company Address: 301 NW Cole Terrace City Lake City State FL Zip 32055  
Company Business License No. JB109476 Company Phone No. 386-755-3611  
FHA/VA Case No. (if any) \_\_\_\_\_

## Section 2: Builder Information

Company Name: Isaac Const Company Phone No. \_\_\_\_\_

## Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) 339 N.W. Ambler Ln. D.  
Lake City, FL 32055  
Type of Construction (More than one box may be checked) ☒ Slab ☐ Basement ☐ Crawl ☐ Other \_\_\_\_\_  
Approximate Depth of Footing: Outside 12 Inside 24 Type of Fill DOT

## Section 4: Treatment Information

Date(s) of Treatment(s) 8-15-05  
Brand Name of Product(s) Used Surround  
EPA Registration No. 70901-T-53883  
Approximate Final Mix Solution % 0.5%  
Approximate Size of Treatment Area: Sq. ft. 4222 Linear ft. 283 Linear ft. of Masonry Voids 283  
Approximate Total Gallons of Solution Applied 882  
Was treatment completed on exterior? ☐ Yes ☒ No  
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) Steve Brannan Certification No. (if required by State law) JB104376

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

Authorized Signature Steve Brannan Date 8-15-05

**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-NPCA-99-B (04/2003)



NOTICE OF COMMENCEMENT FORM  
COLUMBIA COUNTY, FLORIDA

23346

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Tax Parcel ID Number 24-35-16-02275-238

1. Description of property: (legal description of the property and street address or 911 address)

339 NW Ambleside Drive, Lake City FL 32055

2. General description of improvement: single family dwelling

3. Owner Name & Address Jim & Inga Osmond

339 NW Ambleside Dr. Lake City FL 32055 Interest in Property homesite

4. Name & Address of Fee Simple Owner (if other than owner): N/A

5. Contractor Name Isaac Construction, Inc. Phone Number (386) 719-7143

Address 144 SW Waterford Ct. Suite 101, Lake City FL 32025

6. Surety Holders Name N/A

Phone Number

Address

Amount of Bond N/A

Inst: 2005016736 Date: 07/14/2005 Time: 15:30

DC, P. DeWitt Cason, Columbia County B: 1051 P: 2559

7. Lender Name N/A

Address

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:

Name N/A

Phone Number

Address

9. In addition to himself/herself the owner designates N/A of

to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -

(a) 7. Phone Number of the designee

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording,

(Unless a different date is specified) 12-31-06

NOTICE AS PER CHAPTER 713, Florida Statutes:

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

Inga K. Osmond  
James C. Osmond  
Signature of Owner

Sworn to (or affirmed) and subscribed before  
day of July 11th, 2005



Marilyn J. Jones  
Signature of Notary



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Form NPCA-99-B may still be used

form HUD-NPCA-99-B (04/200