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CERTIFICATE OF PROTECTIVE TREATMENT

Builder: Austin Concrete
Date: 6-16-22 Time: 4:00 AM 4:00 PM
Site Location: 100 SW Sugar Bear Glen
Area Treated: backfill
Product Used: Premise 75 Chemical Used: Imidacloprid
% Concentration: .05 # Gallons Used: 36.48
Applicator: QNL

24022912



SQT,

DATE CALLED: 2/10/2022
 TIME CALLED: _____
 POURING DATE: / /
 TIME NEEDED: _____

LIQUID SOIL PRE-TREAT
for Eastern Subterranean Termites
 Service Center: _____
 Ph: _____

DATE OF SERVICE 2/10/2022
 M T W T F
 PRICE: 359

BUILDERS NAME: _____
 WHO CALLED: Austin Seneca Austin
 ADDRESS: 16549 SE 71st + 1911
 CITY: Lake Butler ST: FL ZIP: 32054
 PHONE: 386-266-0251
 Service Professional: Quinton Gleson DATE: 2/10/22

PROJECT / SUB: _____
 LOT #: _____
 ADDRESS: 1005W Sugar Bear Glen
 CITY: Fort White ST: FL ZIP: 32038
 DIRECTIONS TO JOB SITE: _____ ON REVERSE SIDE
 PRODUCT USED: Premise Bt PCT: 05 %

(CHECK ALL CONSTRUCTION TYPES THAT APPLY)
 MONOLITHIC SLAB SUPPORTED SLAB

TYPE OF CONSTRUCTION:

COMBINATION
 FLOATING SLAB

CRAWL SPACE BASEMENT

AREAS TREATED: MAIN SLAB
 FOOTINGS

ATTACHED SLABS

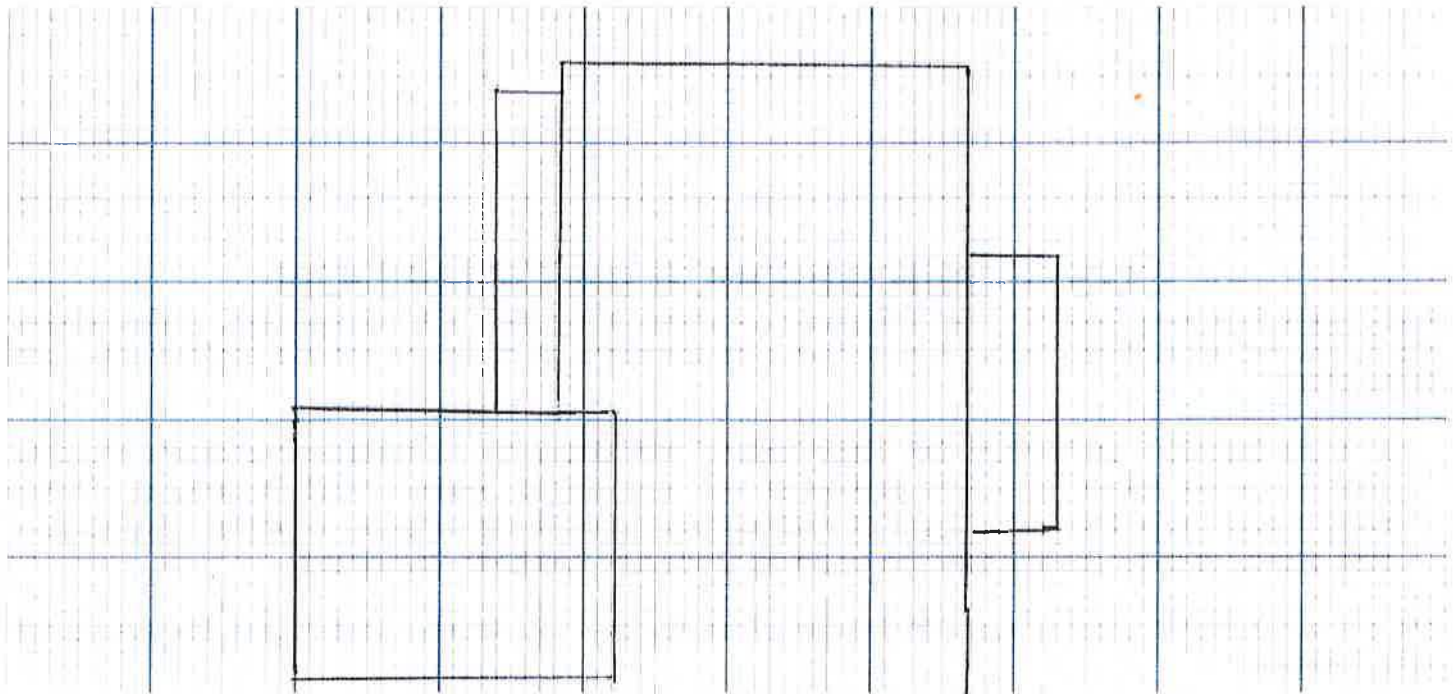
GARAGE SLAB

PLUMBING STUBS

INTERIOR FOUNDATIONS BLOCK VOIDS

EXTERIOR BACKFILL

OTHER (EXPLAIN): _____



TREATMENT SPECIFICATIONS

MONOLITHIC SLAB

Vert Treatment _____ Lin Ft ÷ 10 = _____ x 4 = _____ Gals
 Slab Treatment _____ Sq Ft ÷ 10 = _____ x 1 = _____ Gals
 Number of Plumbing Stubs # _____ of Stubs x 4 = _____ Gals
 Other: _____ = _____ Gals

CRAWL SPACE

Voids / Footings _____ Lin Ft ÷ 10 = _____ x 2 = _____ Gals
 Foundation _____ Lin Ft ÷ 10 = _____ x 4 = _____ Gals
 Number of Piers _____ # of Piers x 2 = _____ Gals
 Other: _____ = _____ Gals

SUPPORTED SLAB

Block Voids _____ Lin Ft ÷ 10 = _____ x 2 = _____ Gals
 Foundation _____ Lin Ft ÷ 10 = _____ x 4 = _____ Gals
 Slab 3600 Sq Ft ÷ 10 = 360 x 1 = 360 Gals
 Number of Plumbing Stubs 33 x 1 = 33 Gals
 Other: _____ = _____ Gals

FLOATING SLAB

Block Voids _____ Lin Ft ÷ 10 = _____ x 2 = _____ Gals
 Foundation _____ Lin Ft ÷ 10 = _____ x 4 = _____ Gals
 Slab _____ Sq Ft ÷ 10 = _____ x 1 = _____ Gals
 Number of Plumbing Stubs _____ x 4 = _____ Gals
 Other: _____ = _____ Gals

BACKFILL / EXTERIOR PERIMETER

152 Lin Ft ÷ 10 = 15.2 x 4 = 60.8 x 6 Ft/Depth = 36.48 Gals

FINAL COMPLETION DATE: _____ / _____ / _____

TOTAL GALS UPON COMPLETION: _____