From: Max Gulick
To: Columbia County Building and Zoning Info
Subject: Initial termite treatment permit number 55, 185
Date: Wednesday, March 11, 2026 11:20:12 AM

New Construction Subterranean Termite Service Record

This form is completed by the licensed Pest Control Company

OMBApproval No. 2
(exp. 07/

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instruc searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This inform 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 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 bu to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area aga infestation for one year. Builders, pest control companies, mortgage lenders, home buyers, and HUD as a record of treatment for specific homes will use 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.

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. **JB182948** Company Phone No. **386-755-3611**
FHA/VA Case No. (if any)

Section 2: Builder Information

Company Name David Reyes Phone No. 561-460-1493

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) 401 SW Long Leaf Dr. Lake City, FL 32024

Section 4: Service Information

Date(s) of Service(s) 3-11-2026

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: Lonmicron EPA Registration No. 53883-229
Approx. Dilution (%): .05 Approx. Total Gallons Mix Applied: 350 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 3200sf monolithic

Name of Applicator(s) C. Lacey 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 Clay C. Gaynor Date 3-11-2026

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 **HUD-NPMA-99-B** (08/2008)

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