

31037

New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525
(exp. 04/30/2015)

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.

Section 1: General Information (Pest Control Company Information)

Company Name: Aspen Pest Control
 Company Address: P.O. Box 1795 City: Lake City State: FL Zip: 32024
 Company Business License No. 03182948 Company Phone No. (386) 755-3611
 FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name: Adam's Construction Phone No. 623-2383

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip):
Diogenes and Theresa Duarte 673 SW Bellflower Drive
Lake City, FL 32024

Section 4: Service Information

Date(s) of Service(s): 6-12-2014Type 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: Dominion 2C EPA Registration No. 53893-229
 Approx. Dilution (%): .05 Approx. Total Gallons Mix Applied: 65 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) _____

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: [Signature] Date: 6-12-2014

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)



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) 755-363

Fax • (386) 752-545

Jacksonville • (904) 381-890

Fax • (904) 381-890

3/037

JOB NO.: 12-246
DATE TESTED: 6-13-13

REPORT OF IN-PLACE DENSITY TEST

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

PROJECT: Duarte Residence

CLIENT: Theresa Duarte

GENERAL CONTRACTOR: Adams Financing EARTHWORK CONTRACTOR: Adams Financing

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					
4	S.W. Corner 10' N. x 12' E.	12"	1	113.0	105.6	7.0	99
5	Approx. Center of pad	12"	1	112.5	105.5	6.6	99
6	N.E. Corner 11' S. x 12' W.	12"	1	108.8	102.0	6.6	95

REMARKS:

PROCTOR NO.	SOIL DESCRIPTION	PROCTOR VALUE	OPT. MOIST.
1	Gray Silty Sand	107	10.0

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.

New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0521

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

Section 2: Builder Information

Company Name Adam's Framing & Construction Phone No. 623-2383

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) Diogenes & Theresa Duarte
673 SW Bellflower Dr.
Lake City, FL 32024

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: Termidor EPA Registration No. 7969-210
Approx. Dilution (%): 0.06 Approx. Total Gallons Mix Applied: 950 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) S. Gregory 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 Shannon Gregory Date _____

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-E