

New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525
(exp. 09/30/2022)

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, home buyers, 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, 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**

FHAVA Case No. (if any) _____

Section 2: Builder Information

Company Name **Aaron Simque Homes** Phone No. **8167-5395**

Section 3: Property Information **The preserve @ Laurel lake**

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) **240 SW Bellflower dr. Lake City, FL 32024 Lot #146**

Section 4: Service Information

Date(s) of Service(s) **1-26-2022**
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: **Dominion 2L** EPA Registration No. **53883-229**
Approx. Dilution (%): **.05** Approx. Total Gallons Mix Applied: **400** 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 **2,512 sq Stemwall 210 lineal ft**

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 **Haylee Dupree** Date **1-26-2022**

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)



Lake City (386) 755-3611
Fax (321) 233-0265
aspenpc@gmail.com

Certificate of Compliance for Termite Protection

(as required by Florida Building Code (FBC) 1816.1.7)

Aspen Pest Control, Inc.
(386) 755-3611
State License # - JB182948
State Certification # - JF104376

240 SW Bellflower Dr. Lake City, FL 32024
Address of Treatment or Lot/Block of Treatment

Soil Barrier

(Method of Termite Prevention Treatment - Soil Barrier, Wood Treatment, Bait System, Other)

Horizontal, Vertical and Exterior Treatment

Description of Treatment

The above named structure has received a complete treatment for the prevention of subterranean termites. Treatment was done in accordance with the rules and laws established by the Florida Department of Agriculture and Consumer Services.

Shannon August
Authorized Signature

7-12-23
Date

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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 **Aaron Simque Homes**

Phone No. **867-5395**

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) **The Preserve at Laurel Lake**

137 SW Silverpalm dr.
Lake City, FL 32024 lot # 144

Section 4: Service Information

Date(s) of Service(s) **2-4-2022**

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: **Dominion 2L** EPA Registration No. **53883-229**

Approx. Dilution (%): **.05** Approx. Total Gallons Mix Applied: **600** 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 **3,188 sf Stemwall 234 linear ft**

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 **Haylee Dupree**

Date **2-4-2022**

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Description of Treatment

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Shannon E. Egan
Authorized Signature

7-12-23
Date



Commercial • Residential
P.O. Box 1795 / Lake City, FL 32056

