New Construction Subterranean Termite Service Record

This form is completed by the licensed Pest Control Company

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

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**
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name Benchmark Builders LLC Phone No. 362-9223

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) Joseph C. Peurrung 349 sw long leaf dr. Lake City, FL 32024 Lot #1

Section 4: Service Information

Date(s) of Service(s) 6-16-2022

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 2,390 sf stemwall 220 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 Hayden DuPuy Date 6-16-2022

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)

Envelope Leakage Test Report (Blower Door Test)

Residential Prescriptive, Performance or ERI Method Compliance
2020 Florida Building Code, Energy Conservation, 7th Edition

Jurisdiction: Columbia | Permit #: 44314

Job Information

Builder: Joseph Peurrung | Community: | Lot:

Address: 349 SW Long Leaf Dr | Unit:

City: Lake City | State: Fl | Zip: 32024

Air Leakage Test Results *Passing results must meet either the Performance, Prescriptive, or ERI Method*

(●) **PRESCRIPTIVE METHOD-** The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour at a pressure of 0.2 inch w.g. (50 pascals) in Climate Zones 1 and 2.

( ) **PERFORMANCE or ERI METHOD-** The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding the selected ACH(50) value, as shown on FORM R405-2020 (Performance) or R406-2020 (ERI), section labeled as Infiltration, sub-section ACH50.

ACH(50) specified on Form R405-2020-Energy Calc (Performance) or R406-2020 (ERI): [ ]

1364 CFM(50) x 60 ÷ 16,335 Building Volume = 4.79 ACH(50)

[X] **PASS**

[ ] When ACH(50) is less than 3, mechanical ventilation installation must be verified by building department.

Method for calculating building volume:

( ) Retrieved from architectural plans

(⊗) Code software calculated

( ) Field measured and calculated

R402.4.1.2 Testing. Testing shall be conducted in accordance with ANSI/RESNET/ICC 380 and reported at a pressure of 0.2 inch w.g. (50 pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), *Florida Statues*, or individuals licensed as set forth in Section 489.105(3)(f), (g), or (i) or an approved third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the *code official*. Testing shall be performed at any time after creation of all penetrations of the *building thermal envelope*.

During testing:

1. Exterior windows and doors, fireplace and stove doors shall be closed, but not sealed, beyond the intended weatherstripping or other infiltration control measures.
2. Dampers including exhaust, intake, makeup air, back draft and flue dampers shall be closed, but not sealed beyond intended infiltration control measures.
3. Interior doors, if installed at the time of the test, shall be open.
4. Exterior doors for continuous ventilation systems and heat recovery ventilators shall be closed and sealed.
5. Heating and cooling systems, if installed at the time of the test, shall be turned off.
6. Supply and return registers, if installed at the time of the test, shall be fully open.

Testing Company

Company Name: TC Testing Service LLC | Phone: 386-365-2049

I hereby verify that the above Air Leakage results are in accordance with the 2020 7th Edition Florida Building Code Energy Conservation requirements according to the compliance method selected above.

Signature of Tester: Will Sikes | Date of Test: 4-27-23

Printed Name of Tester: Tanya Sikes / Will Sikes

License/Certification #: 5059953 / 5059952 | Issuing Authority: BPI