

Notice of Treatment

Applicator: Florida Pest Control · (www.flapest.com)

Address: 536 SE BAYA AVE

City LAKE CITY FL Phone 386 752 1708

Site Location: Subdivision _____

Lot # _____ Block# _____ Permit # 32 253

Address 288 NE JONES WAY,

<u>Product used</u>	<u>Active Ingredient</u>	<u>% Concentration</u>
<input checked="" type="checkbox"/> Premise	Imidacloprid	0.1%
<input type="checkbox"/> Termidor	Fipronil	0.12%
<input type="checkbox"/> _____	_____	_____

Type treatment:

Soil

Area Treated	Square feet	Linear feet	Gallons Applied
<u>Bldg</u>	<u>1500.</u>	<u>160.</u>	<u>80.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As per Florida Building Code 104.2.6 – If soil chemical barrier method for termite prevention is used, final exterior treatment shall be completed prior to final building approval.

If this notice is for the final exterior treatment, initial this line _____

1-5-15
Date

1047
Time

DAVID FULLER
Print Technician's Name

Remarks: _____

Applicator - White

Permit File - Canary

Permit Holder - Pink

New Construction Subterranean Termite Service Record

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

#32253

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 Florida 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 Glenn Co. Inc. Phone No 371

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) 135 W. Twilight Way, Lake City, FL 32056

Section 4: Service Information

Date(s) of Service(s) 3-19-2015

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 Dorival 2L EPA Registration No 53883-29
Approx Dilution (%) .05 Approx Total Gallons Mix Applied 340 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) Covey 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 [Signature] Date 3-19-2015

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)