

FOR REGULATORY INSPECTOR USE

Case File # _____

Company Name: _____

Business License # **B** _____

Company Address: _____



RECORD OF TERMITICIDE USE IN SOUTH CAROLINA

Clemson University Department of Pesticide Regulation

511 Westinghouse Road • Pendleton, SC • 29670 • 864.646.2150 (phone) • 864.646.2179 (fax)

THIS INFORMATION MUST BE READILY AVAILABLE UPON REQUEST BY A DEPARTMENT OF PESTICIDE REGULATION INSPECTOR.

PLEASE PRINT.

DCA Name: _____ License # **CA** _____

Supervising Commercial Applicator Name: _____ License # **C** _____

Structure Treated By (Identify all applicators/ technicians treating structure by name and license #. Note 1st, 2nd, or 3rd treatment.):

<u>Name</u>	<u>License #</u>	<u>Treatment #</u>
_____ / _____ / _____		
_____ / _____ / _____		
_____ / _____ / _____		

Property Owner Name: _____

Property Owner Mailing Address: _____
Street Address or PO Box Apt. #

City

State

County

Same as above. If different than above,

Treatment Site Address: _____
Street Address Apt. #

City

State

County

Foundation Type: Crawl Slab Other _____

Nature of Treatment: Pretreat Existing Retreatment Due to Infestation Bait Station Installation

Waiver Signed? Yes No

Square Footage of Structure: _____ square feet.
Slabs Crawlspace Garage Porch(es) Other

Total Outside Linear Footage of Foundation Walls: _____ linear feet. Number of Foundation Piers: _____
Exterior Perimeter

Brand Name of Termiticide: _____ EPA# _____

Treatment Technique: Trenching Void Treatment Pretreat Bait Station Installation Wood Treatment

Date(s) of Treatment(s): 1st ____ / ____ / ____ 2nd ____ / ____ / ____ 3rd ____ / ____ / ____ Date Treatment(s) Completed: ____ / ____ / ____
Initial (slabs, retreat, booster, etc.) (complete exterior, etc.)

Total Gallons of Termiticide Concentrate or Number of Bait Stations Used: 1st ____ 2nd ____ 3rd ____
Initial (slabs, retreat, booster, etc.) (complete exterior, etc.)

Total Number of Diluted Gallons Used: 1st ____ 2nd ____ 3rd ____
Initial (slabs, retreat, booster, etc.) (complete exterior, etc.)

Percentage Dilution Rate (ex.: 1%, .5%, etc.): 1st ____ 2nd ____ 3rd ____
Initial (slabs, retreat, booster etc.) (complete exterior, etc.)

For pre-construction termite treatments (pre-treats), you must keep a copy of this record for five (5) years or as long as a continuing warranty lasts, whichever is longer. For post-construction termite treatments, you must keep a copy of this record for two (2) years, or as long as a continuing warranty lasts, whichever is longer. For both types of treatments, this INCLUDES the installation of baits and bait systems containing active ingredients. (Section 27-1085C, Rules & Regulations for the Enforcement of SC Pesticide Control Act.)