Submitted: 02/21/2013 at 14:48:33

1) Enter the application purpose: (AM)

File Number: **A0826970** 

FCC Form 854 Main Form

**Purpose of Filing** 

Approved by OMD - 3060-0139

See instructions for public burden estimate

## **Application for Antenna Structure Registration**

<ul> <li>AM – Amendment of a Pending Application</li> <li>AU – Administrative Update</li> <li>CA – Cancellation of an Antenna Structure Registration</li> <li>DI – Notification of an Antenna Structure Dismantlem</li> <li>DU – Request for a Duplicate Antenna Structure Registration</li> <li>MD – Modification of a Antenna Structure Registration</li> </ul>	NE – Registration of a New Antenna Structure NT – Required Construction/Alteration Notification OC – Ownership Change RE – Registration of a Replacement Antenna Structure WD – Withdrawal of a Pending Application			
2a) If the answer to 1 is AU, CA, DI, DU, MD, NT, Oo Registration (ASR) Number.	FCC ASR Number:			
2b) If the answer to 1 is AM or WD, provide the File	File Number: <b>A0826970</b>			
2c) If the answer to 1 is MD or NT, provide the date was last altered (mm/dd/yyyy).	Date:			
2d) If the answer to 1 is DI, provide the date the Antenna Structure was dismantled (mm/dd/yyyy).			Date:	
Antenna Structure Ownership Information				
3) Select one of the entity types:				
( ) Individual ( ) Unincorporated Association ( ) Trust ( ) Government Entity				
( X ) Corporation ( ) Limited Liability Com	pany (	) General Partnership ( ) Lim	nited Partnership	
( ) Consortium ( ) Limited Liability Partnership ( ) Other:				
4) FCC Registration Number (FRN):  5) Assignor FCC Registration Number (FRN):  0001886464				
6) First Name (if individual):	MI:	Last Name:	Suffix:	
7) Legal Entity Name (if not an individual):			l	
Sandhill Telephone Cooperative, Inc.				
8) Attention To:  James E. Thompson		9) P.O. Box:	And/Or	
10a) Street Address 1: 122 South Main Street	10b) Street Ac	ldress 2:		
11) City:	12) State:	13) Zip Code:		
Jefferson	SC	29718		
14) Telephone Number (xxx-xxx-xxxx): (843) 658-6860		15) Fax Number: (xxx-xxx-xxxx):		
16) E-mail Address:  James.Thompson@SHTC.net				

Contact Representative Information		1		
17) First Name (if individual):	MI:	Last Name:		Suffix:
18) Business Name:				
Sandhill Telephone Cooperative, Inc.				
9) Attention To:	20) P.O. B	OX		And/Or
James E. Thompson	,			
21a) Street Address 1:	1	21b) Street Address 2		<b>,</b>
122 South Main Street				
22) City:	23) State:	24) Zip Code:		
Jefferson	SC	29718		
25) Telephone Number (xxx-xxx-xxxx):		26) Fax Number: (xxx	(-xxx-xxxx):	
(843) 658-6860				
27) E-mail Address:				
James.Thompson@SHTC.net				
ntenna Structure Information		T-21) 11 :		
28a) Latitude (DD-MM-SS.S):		28b) North or South:		
34- 35- 44.3		North		
29a) Longitude (DDD-MM-SS.S):		29b) East or West:		
080- 19- 21.3		West		
<ol> <li>Street Address or Geographic Location:</li> <li>2616 Macedonia-Angelus Road</li> </ol>		31) City:  Jefferson		
32) County:	33) State:		34) Zip Code:	
CHESTERFIELD	SOUTH CAROL	_INA	29718	
35) Elevation of site above mean sea level	(meters):			<b>129.8</b> meters
36) Overall height above ground level (AGL	) of the supporting str	ucture without appurtenanc	es:	59.4 meters
37) Overall height above ground level (AGL	) of the antenna struc	ture including all appurtena	nces:	60.7 meters
38) Overall height above mean sea level (ac	dd items 35 and 37 to	gether):		190.5 meters
39a) Enter the type of structure on which the	e antenna will be mou	inted: (LTOWER )		
<b>B</b> – Building		NNLTANN – Lattice	Tower Array	
BANT – Building with Antenna on Top		NNMTANN – Monop		
BMAST – Building with Mast		PIPE – Any type of P		
BPIPE – Building with Pipe BPOLE – Building with Pole		<b>POLE</b> – Any type of <b>RIG</b> – Oil or Other Ty	role roe of Rig	
BRIDG - Bridge		SIGN – Any type of S		
BTWR – Building with Tower		SILO – Any type of S	Silo	
GTOWER – Guyed Structure Used For Com	munication Purposes			
LTOWER – Lattice Tower MAST – Mast		TANK – Any type of TREE – When used		
MTOWER - Monopole		UPOLE – Utility Pole		
NNGTANN – Guyed Tower Array			elephone, etc.)	
39b) Number of Towers in Array:		39c) Position of this Tow	er in the Array:	
40a) Array Center Latitude (DD-MM-SS.S):		40b) North or South		
41a) Array Center Longitude (DDD-MM-SS	6/-	11h) East or West:		

<b>FAA</b>	Notification		
43)	FAA Study Number:	44) Date Issued:	
Envi	ronmental Compliance		
45) Does the applicant request a waiver of the Commission's rules for environmental notice prior to construction due to an emergency situation?			( No ) Yes or No
46a) If the answer to 45 is No, is another federal agency taking responsibility for environmental review of the Antenna Structure?			(No) Yes or No
46b	6b) If the answer to 46a is Yes, indicate why:		( ) 1 or 2
1)	The Antenna Structure is on Federal Land and the landhol environmental review of the Antenna Structure.		
2)	Another federal agency has agreed with the FCC in writing review of the Antenna Structure.		
46c	46c) If the answer to 46a is Yes, provide the name of the federal agency taking responsibility for the environmental review of the Antenna Structure.		
47) If the answers to 45 and 46a are No, provide the National Notice Date for the application to be posted on the FCC's website (mm/dd/yyyy).			Date: <b>02/15/2013</b>
48)	Is the applicant submitting an environmental assessment?		(No) Yes or No
49)	Does the applicant certify that grant of Authorizations at this environmental effect pursuant to Section 1.1307 of the FCC		( ) Yes or No
50)	If the answer to 49 is Yes, select the basis for this certificati	on.	( ) 1, 2, 3, 4
1)	The construction is exempt from environmental notification and it does not fall within one of the categories in Section		
2)	The construction is exempt from environmental notification other agency has issued a Finding of No Significant Impact		
3)	The environmental notification has been completed, and th Environmental Assessment is not required under Section 1 Construction does not fall within one of the categories in Se	.1307(c) or (d) of the FCC's rules, and the	
4)	The FCC has issued a Finding of No Significant Impact.		
51)	If the answer to 50 is 3 or 4, enter the date that Local Notice	e was provided (mm/dd/yyyy).	Date:

## **Certification Statements**

- 1) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 2) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification

Signature (Typed or Printed Name of Party Authorized to Sign)

Oigi	rightatare (Typed of Thinted Name of Tarty Admonated to Sign)							
52)	First Name:	MI:	Last Name:	Suff	fix:			
	Mitch		Clark					
53)	Title: Project Manager							
54)	Signature:			55) Date:				
	Mitch Clark			Feb 21, 20	2013			

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).