

**FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, D.C. 20554**

**BASIC SIGNAL LEAKAGE PERFORMANCE REPORT
FORM 320**

Submission Date: Apr 13, 2017 **Filing Year:** 2017 **Confirmation Number:**

SECTION I -- GENERAL INFORMATION

- (1) Cable System Owner: CITIZENS CABLEVISION, INC.
Phone Number: (540) 745-9518
Address: 220 WEBBS MILL ROAD NORTH
P.O. Box 196
FLOYD VA 24091
(City) (State) (Zip)
- (2) Community Served: PATRICK COUNTY
- (3) Community Unit No.: VA0642
- (4) Physical System Id: 002537

SECTION II -- LOCAL SYSTEM INFORMATION

- (1) Person(s) Responsible for the Report:
Name: Bolt Neil
(Last) (First) (M)
Phone Number: (540) 745-9518
Address: 220 Webbs Mill Rd220 Webbs Mill Rd
P.O. Box
Floyd VA 24091
(City) (State) (Zip)
- (2) Are aeronautical frequencies (108-137 or 225-400 MHz) used by this cable television system? **No**
- (3) TEST RESULTS: CLI: 10LogI₀₀: _____ 10LogI₃₀₀₀: _____
Airspace:

SECTION III -- LEAKAGE PERFORMANCE CRITERIA

For operators conducting measurements on a geographical area that contains more than one Community Unit (e.g., headends that serve more than one Community Unit) fill in the measurement information below. NOTE: The submission of the accompanying exhibits, either B or C, may be incorporated by reference to another Community Unit filing that had undergone the same measurement tests as this community Unit. That Community Unit must be identified by its Community Unit Code Number in response to Question (2) or (4) below.

(1) GROUND-BASED MEASUREMENTS: (if used)

- (a) Person(s) Responsible for the test:
Name: _____
(Last) (First) (M)
Phone Number: () - _____

(b) Miles of plant tested and % of total plant tested: _____ m; _____ %

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SECTION III -- LEAKAGE PERFORMANCE CRITERIA (Continued)

- (c) Time period of the test: From: _____ To: _____
(mm/dd/yy) (mm/dd/yy)
- (d) Equipment Used: _____ (Mhz)
(Make) (Model) (Test Frequency)
- (e) Attach as **Exhibit B**, the CLI calculations & Result including all parameters used. Identify in this Exhibit all leaks ≥ 50 uV/m, and show their repaired dates, if any...

(2) AIRSPACE MEASUREMENTS: (if used)

- (a) Person(s)/Company Responsible for the test:
Name: _____ (Mhz)
(Last) (First) (M) (Test Frequency)
Phone Number: () - _____
- (b) Time period of the test: From: _____ To: _____
(mm/dd/yy) (mm/dd/yy)
- (c) Attach as **Exhibit C**, a full description of the test procedure, a list of the equipment used for the airspace measurement and a detailed description of the area covered by these airspace measurements (set forth in this Exhibit all leaks detected during these airspace measurements that were subsequently repaired and their repair dates, if any).
- (d) Recorded data and its analysis:
- (i) If analog recordings, include in **Exhibit C** a graph of the results and indicate the value of the smoothed out peak values _____ uV/m.
 - (ii) If digitized recordings, include in **Exhibit C** a plot of the results and indicate the % of points recorded digitally below 10 uV/m: _____ %

SECTION IV -- CERTIFICATION

By signing below the operator certifies that, in the case of an individual operator, he or she is not subject to a denial of federal benefits that include FCC benefits pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21, U.S.C. 862, or, in the case of a non-individual operator (e.g., corporation, partnership or other unincorporated association), no party to the operator is subject to a denial of federal benefit that includes FCC benefits pursuant to that section. For the definition of a 'party' for these purposes, see 47 CFR, Section 1.2002(b).

I certify that I am **Central Office Supervisor** (Official Title) of **CITIZENS CABLEVISION, INC.** (Legal Name of cable System Owner), that I have examined this report and that, to the best of my knowledge and belief, all statements in this report are true, correct and complete, and are made in good faith.

Signed:

Signed on: 04/13/2017

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, §1001) AND /OR REVOCATION OF ANY STATION LICENSE (U.S. CODE, TITLE 47, §312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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Operator Comments

The delivery for this system has been IPTV since our initial turn up on April 1, 2005.



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Community Units Included in this Report

<u>CUID</u>	<u>Community Name</u>	<u>PSID</u>
VA0642	PATRICK COUNTY	002537
VA0394	NEWCASTLE	002537
VA0395	NEWCASTLE	002537
VA0396	WYTHE (EAST)	002537
VA0421	FLOYD	002537
VA0422	FLOYD	002537
VA0578	SULPHUR SPRINGS	002537
VA0643	FRANKLIN COUNTY	002537
VA0711	AUSTINVILLE	002537
VA0712	BARREN SPRINGS	002537
VA0713	IVANHOE	002537
VA0714	MAX MEADOWS	002537
VA0715	WYTHEVILLE	002537
VA0716	CHECK	002537
VA0717	COPPER HILL	002537
VA0718	INDIAN VALLEY	002537
VA0719	MEADOWS OF DAN	002537
VA0720	PILOT	002537
VA0729	RADFORD	002537
VA0730	RINER	002537
VA0721	STUART	002537
VA0722	DUGSPUR	002537
VA0723	GALAX	002537
VA0724	HILLSVILLE	002537
VA0725	LAUREL FORK	002537
VA0726	WILLIS	002537
VA0727	DANVILLE	002537
VA0728	TAZEWELL	002537