



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: 0000117305 | Submit Date: 07/08/2020 | Call Sign: WETP-TV | Facility ID: 18252 | FRN: 0001773852 |

State: Tennessee | City: SNEEDVILLE

Service: DTV | Purpose: Engineering STA | Status: Pending | Status Date: 10/14/2020 | Filing Status: InActive

General Information

Section	Question	Response
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Fees, Waivers, and Exemptions

Section	Question	Response
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Applicant  
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
EAST TENNESSEE PUBLIC COMMUNICATIONS CORP. Applicant Doing Business As: EAST TENNESSEE PUBLIC COMMUNICATIONS CORP.	1611 E. MAGNOLIA AVENUE KNOXVILLE, TN 37917 United States	+1 (865) 595-0235	vlawson@easttennesseepbs.org	Other

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact  
Representatives  
(3)

Contact Name	Address	Phone	Email	Contact Type
<b>Ryan C Wilhour T. Godfrey , Jr .</b> Kessler and Gehman Associates, Inc.	William T. Godfrey, Jr. 507 NW 60TH ST STE D Gainesville, FL 32607 United States	+1 (352) 332-3157	ryan@kesslerandgehman.com	Technical Representative
<b>AARON P SHAINIS P SHAINIS</b> SHAINIS & PELTZMAN, CHARTERED	AARON P. SHAINIS 1850 M STREET, NW SUITE 240 WASHINGTON, DC 20036 United States	+1 (202) 293-0567	AARON@S-PLAW.COM	Legal Representative
<b>Ryan C Wilhour C Wilhour</b> Kessler and Gehman Associates, Inc.	507 NW 60TH ST STE D Gainesville, FL 32607 United States	+1 (352) 332-3157	test@fcc.gov	Technical Representative

Channel and  
Facility  
Information

Section	Question	Response
Proposed Community of License	Facility ID	18252
	State	Tennessee
	City	SNEEDVILLE
	DTV Channel	24
	Designated Market Area	KNOXVILLE
Facility Type	Facility Type	Noncommercial Educational
	Station Type	Main
Zone	Zone	2

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1243489
Coordinates (NAD83)	Latitude	36° 22' 52.3" N+
	Longitude	083° 10' 48.8" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	180.7 meters
	Support Structure Height	164.6 meters
	Ground Elevation (AMSL)	809.5 meters
Antenna Data	Height of Radiation Center Above Ground Level	82.9 meters
	Height of Radiation Center Above Average Terrain	477.3 meters
	Height of Radiation Center Above Mean Sea Level	892.4 meters
	Effective Radiated Power	6.4 kW

Antenna  
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	1005557
Antenna Manufacturer and Model	Manufacturer:	ERI
	Model	ETU1U1-HSP1C-24
	Rotation	235 degrees
	Electrical Beam Tilt	0.0
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
DTV and DTS: Elevation Pattern	Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?	No
	Uploaded file for elevation antenna (or radiation) pattern data	

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1.000	90	0.010	180	0.100	270	0.010
10	0.960	100	0.050	190	0.090	280	0.060
20	0.870	110	0.070	200	0.060	290	0.150
30	0.720	120	0.080	210	0.030	300	0.260
40	0.560	130	0.070	220	0.050	310	0.390
50	0.390	140	0.050	230	0.070	320	0.560
60	0.260	150	0.030	240	0.080	330	0.720
70	0.150	160	0.060	250	0.070	340	0.870
80	0.060	170	0.090	260	0.050	350	0.960

Additional Azimuths

Degree	V <sub>A</sub>
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## Certification

Section	Question	Response
General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
	The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §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. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1.2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). 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.	
Authorized Party to Sign	<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b> Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<b>Vickie Lawson Lawson</b> <i>President</i>  07/08/2020

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>WETP Engineering STA Narrative.pdf</u>	Applicant	General Information	WETP Engineering STA Narrative