



(REFERENCE COPY - Not for submission)

# LPTV Engineering STA Application

File Number: **0000058280** | Submit Date: **07/12/2018** | Call Sign: **WBQC-LD** | Facility ID: **168413** | FRN: **0029785466**  
 State: **Ohio** | City: **CINCINNATI**  
 Service: **LPD** | Purpose: **Engineering STA** | Status: **Superseded** | Status Date: **08/13/2018** | Filing Status: **InActive**

**General Information**

Section	Question	Response
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**Fees, Waivers, and Exemptions**

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
<b>Waivers</b>	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Application Type	Fee Code	Fee Amount
Engineering STA	MGL	\$190.00
<b>Total</b>		<b>\$190.00</b>

**Applicant  
Information**

**Applicant Name, Type, and Contact Information**

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>Elliott B. Block</b> <i>Individual Licensee</i> <b>Applicant</b> Doing Business As: Elliott B. Block	P.O. BOX 37770 CINCINNATI, OH 45222 United States	+1 (513) 631- 8825	EBLOCK@WKRP. TV	Other

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**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>Matthew Gray</b> Block Broadcasting Company	P.O. BOX 37770 CINCINNATI, OH 45222 United States	+1 (513) 631- 8825	mgray@wkrp.tv	Station Manager
<b>W. Jeffrey Reynolds Jeffrey Reynolds</b> duTreil, Lundin, and Rackley, Inc.	3135 Southgate Circle Sarasota, FL 34239- 5515 United States	+1 (941) 329- 6013	jeff@dlr.com	Technical Representative
<b>Peter Tannenwald Tannenwald</b> Fletcher Heald & Hildreth, PLC	1300 N. 17th st. 11th Floor Arlington, VA 22209- 3801 United States	+1 (703) 812- 0404	tannenwald@fhhlaw. com	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	168413	
State	Ohio	
City	CINCINNATI	
LPD Channel	20	

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1013618
<b>Coordinates (NAD83)</b>	Latitude	39° 07' 30.4" N+
	Longitude	084° 29' 56.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	263.9 meters
	Support Structure Height	241.1 meters
	Ground Elevation (AMSL)	257.3 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	207 meters
	Height of Radiation Center Above Mean Sea Level	464.3 meters
	Effective Radiated Power	15 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	23503
<b>Antenna Manufacturer and Model</b>	Manufacturer:	SCA
	Model	SL-8
	Rotation	0 degrees
	Electrical Beam Tilt	1.0
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
<b>Elevation Radiation Pattern</b>	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	
	Out-of-Channel Emission Mask:	Stringent

**Directional Antenna Relative Field Values (Pre-rotated Pattern)**

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1	90	0.68	180	0.72	270	0.69
10	0.99	100	0.66	190	0.7	280	0.74
20	0.99	110	0.65	200	0.69	290	0.79
30	0.97	120	0.65	210	0.67	300	0.85
40	0.94	130	0.66	220	0.65	310	0.89
50	0.91	140	0.68	230	0.64	320	0.93
60	0.85	150	0.69	240	0.64	330	0.96
70	0.78	160	0.7	250	0.65	340	0.98
80	0.73	170	0.71	260	0.66	350	0.99

**Additional Azimuths**

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

Section	Question	Response
<p><b>General Certification Statements</b></p>	<p>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.).</p>	
	<p>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.</p>	
<p><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></p> <p>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.</p> <p>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).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
	<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Elliott B. Block B. Block</b> <i>Individual Licensee</i></p> <p>07/12/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#"><u>WBQC-LD D20 POST-Transition Report Summary.pdf</u></a>	Applicant	All Purpose	POST-TRANSITION TVSTUDY ANALYSIS SUMMARY REPORT
<a href="#"><u>WBQC-LD D20 PRE-Transition Report Summary.pdf</u></a>	Applicant	All Purpose	PRE-TRANSITION TVSTUDY ANALYSIS SUMMARY REPORT
<a href="#"><u>WBQC-LD STA Displacement App Text.pdf</u></a>	Applicant	All Purpose	TECHNICAL SUMMARY
<a href="#"><u>WBQC-LD STA exhibit.pdf</u></a>	Applicant	General Information	Justification for STA
<a href="#"><u>WBQC-LD STA 51 dBu Coverage Map.pdf</u></a>	Applicant	All Purpose	COVERAGE MAP