

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

PAID IN FULL
0903102

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YOUR ADDRESS HERE

YOUR CITY HERE

INSPECTED ADDRESS

CITY

ZIP CODE

SCOPE OF INSPECTION

- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, guest houses or any other structure will not be included in this inspection report unless specifically noted in section 5 of this report.
- B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). **Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.**
- C. Due to the characteristics and behavior of various wood destroying insect, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. **The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment; has rendered the pest(s) inactive.**
- D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
- E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
- F. **THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.**
- G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.
- H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.
- I. There are some specific guidelines as to when it is appropriate for a corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure. (2) there is visible evidence of an previous infestation with no evidence of a prior treatment.
- J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alterations or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

1A. A-TEX INSPECTION, INC. 1B. TPCL 11269
Name of Inspection Company SPCS Business License Number
1C. 2875 Briar Trail Mckinney, Texas 75069 (972) 625-2129
Address of Inspection Company City/State Zip Telephone number
1D. GLEN P. FORD 1E. Certified Applicator (Check one)
Name of Inspector (Please Print) Technician

2. N/A 3. 3/10/09
Case Number (VA/FHA/Other) Inspection Date

4A. YOUR NAME HERE Seller Agent Buyer Management Co. Other
Name of Person Purchasing Inspection

4B. _____
Owner / Seller

4C. **REPORT FORWARDED TO:** Title Company or Mortgage Purchaser of Service Seller Agent Buyer
(Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The Structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Department of Agriculture Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structure(s) inspected.

5. RESIDENCE

List structure(s) inspected that may include residences, detached garages and other structures on the property. (Refer to Part A, Scope of inspection)

Licensed and Regulated by the Texas Department of Agriculture
Structural Pest Control Service
P.O. Box 12847, Austin, Texas 78711-2847
(512) - 305 - 8250

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6A. Were any areas of the property obstructed or inaccessible? Yes No
 (Refer to Part B & C, Scope of Inspection). If "Yes" specify in 6B.

6B. The obstructed or inaccessible areas include but are not limited to the following-

Attic <input checked="" type="checkbox"/>	Insulated area of attic <input checked="" type="checkbox"/>	Plumbing areas <input checked="" type="checkbox"/>	Planter box abutting structure <input checked="" type="checkbox"/>
Deck <input checked="" type="checkbox"/>	Sub Floors <input type="checkbox"/>	Slab Joints <input checked="" type="checkbox"/>	Crawl space <input type="checkbox"/>
Soil Grade Too High <input checked="" type="checkbox"/>	Heavy Foliage <input type="checkbox"/>	Eaves <input checked="" type="checkbox"/>	Weep holes <input type="checkbox"/>

Other (specify) AREAS BEHIND APPLIANCES, UNDER FLOOR COVERINGS & INSIDE WALLS;
 ALL SLAB PLUMBING PENETRATIONS ARE INACCESSIBLE BY DESIGN OF HOME;

 NOTE: HOME INTERIOR HAS BEEN RECENTLY REPAINTED - DISCUSS...

7A. Conditions conducive to wood destroying insect infestation (Refer to Part J, Scope of Inspection) If "Yes, specify in 7B." Yes No

7B. Conducive conditions include but are not limited to:

Wood to Ground Contact (G) <input type="checkbox"/>	Form boards left in place (I) <input type="checkbox"/>	Excessive moisture (J) <input type="checkbox"/>
Debris under or around structure (K) <input type="checkbox"/>	Footing too low or soil line too high (L) <input checked="" type="checkbox"/>	Wood Rot (M) <input type="checkbox"/>
Planter box abutting structure (O) <input checked="" type="checkbox"/>	Wood Pile in Contact with the structure (Q) <input type="checkbox"/>	Heavy Foliage (N) <input type="checkbox"/>
Insufficient Ventilation (T) <input type="checkbox"/>	Other <input checked="" type="checkbox"/> (Specify) _____	Wooden Fence in Contact with the Structure (R) <input checked="" type="checkbox"/>

NOTE: ALL SLAB PLUMBING PENETRATIONS ARE CONDUCTIVE BY DESIGN OF HOME...

8. Inspection Reveals Visible Evidence in or on the structure:

	Active Infestation		Previous Infestation		Previous Treatment	
8A. Subterranean Termites	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8B. Drywood Termites	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8C. Formosan Termites	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8D. Carpenter Ants	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8E. Other Wood Destroying Insects	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Specify _____

8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: DRILL MARKS IN CONCRETE PATIOS INDICATE PREVIOUS TERMITE TREATMENT - NO TREATMENT STICKERS FOUND;
RECOMMEND TO CONSULT SELLER ABOUT SPECIFICS OF PREVIOUS TERMITE TREATMENTS & WARRANTIES;
RECOMMEND TO CONSULT SELLER ABOUT ANY KNOWN AREAS OF TERMITE DAMAGE OR REPAIRED TERMITE DAMAGE - NONE FOUND BY INSPECTOR IN COURSE OF VISUAL INSPECTION...
 NOTE: EXTENT OF ANY TERMITE DAMAGE CANNOT BE VISUALLY DETERMINED BY INSPECTOR - DISCUSS WITH CLIENT...

8G. Visible evidence of: _____ has been observed in the following areas: _____

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed in the first blank and all identified infested areas of the property inspected must be noted in the second blank (Refer to Part D, E & F, Scope of Inspection)

The conditions conducive to insect infestation reported in 7A & 7B:

9. Will be or has been mechanically corrected by the inspecting company: Yes No
 If yes, specify corrections: _____

9A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 8. (Refer to Part G, H, and I, Scope of Inspection) Yes No

9B. Preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows: Yes No
 Specify reason: RECOMMEND TO RESOLVE CONDUCTIVE CONDITIONS TO MINIMIZE CHANCE OF FUTURE INFESTATION;

Refer to Scope of Inspection Part J

10A. This company has treated or is treating the structure for the following wood destroying insects: NON APPLICABLE
 Treatment method was: Conventional Bait Other
 If treating for subterranean termites, the treatment was: Partial Spot
 If treating for drywood termites or related insects, the treatment was: Full Limited

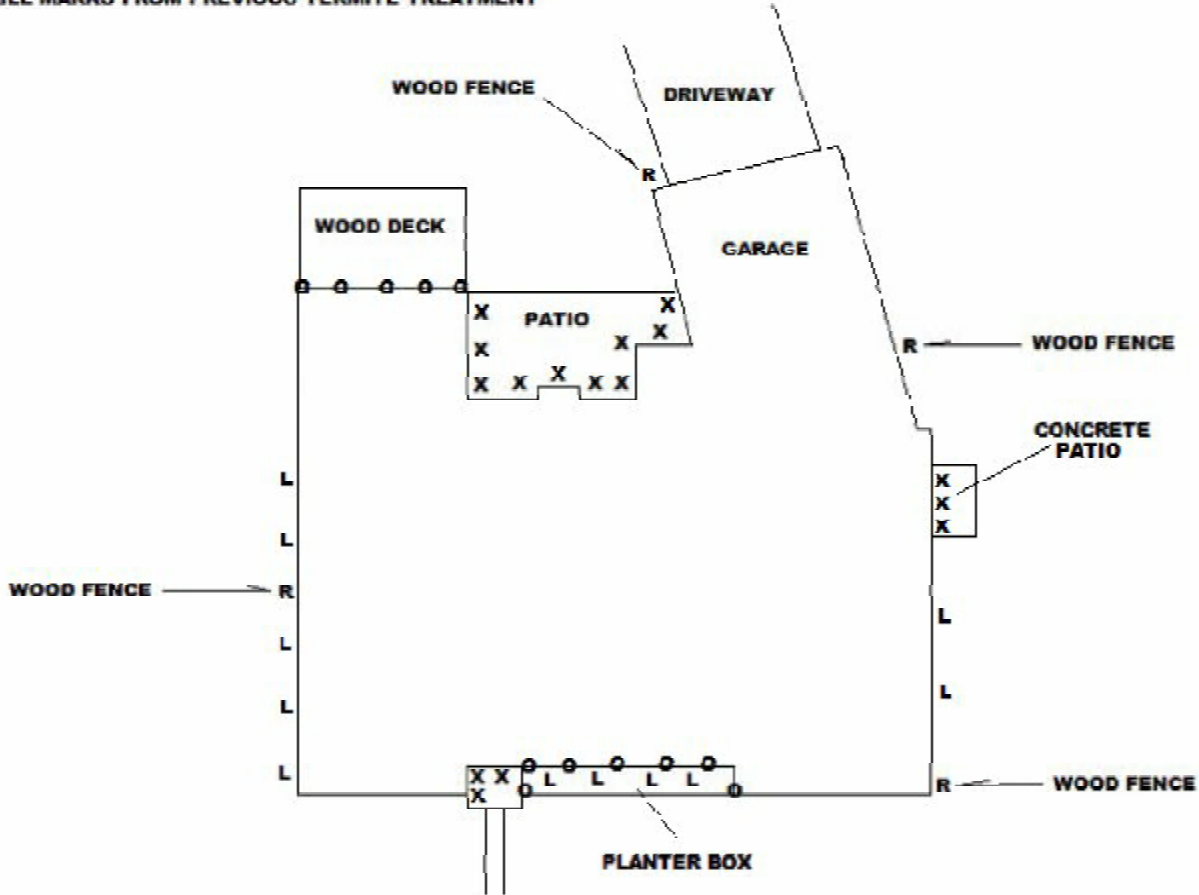
10B. _____
 Date of Treatment by Inspecting Company _____ Name of Pesticide, Bait or other Method _____ Name of Pesticide, Bait or other Method _____
 This company has a contract or warranty in effect for the control of the following wood destroying insects:
 Yes No List Insects - _____
 If "Yes" , copy(ies) of warranty and treatment diagram must be attached.

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Diagram of Structure(s) Inspected

The inspector must draw a graph and indicate active or previous infestation and type of insect by the following codes: E-Evidence of Infestation: A (active), P (previous); D-Drywood Termite; S-Subterranean Termite; F- Formosan Termite; C- Conducive Conditions; B - Wood Boring Beetles; H-Carpenter Ants; Others: _____

O = OBSTRUCTED AREAS
L = CONDUCTIVE CONDITION - SOIL LINE TOO HIGH
X = DRILL MARKS FROM PREVIOUS TERMITE TREATMENT



Additional Comments:

NOTE: AN ANNUAL INSPECTION FOR WOOD DESTROYING INSECTS IS RECOMMENDED....

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.

Signatures

11 A. Glen P. Ford
Inspector

Approved

11 B. Glen P. Ford 39812T
Certified Applicator and Certified Applicator License Number

3/10/09
Date
Statement of Purchaser

Notice of Inspection Was Posted At or Near:

- 12 A. Electric Breaker Box
- Hot Water Heater
- Beneath the Kitchen Sink

12B. Date Posted 3/10/09

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the 'Scope of Inspection.' I understand that my inspector may provide additional information as an addendum to this report. If additional information is attached, list number of pages: 1 PHOTO PAGE

Signature of Purchaser of Property or their Designee

Date

3/10/09

3/10/09

Note: The photos provided in this report are for illustrative and explanatory purposes only and do not indicate all areas that may be affected...

W.D.I. Report Identification: YOUR ADDRESS HERE

3/10/09



PHOTO 1

SOIL LINE TOO HIGH AT RANDOM FOUNDATION PERIMETER AREAS-
CONDUCTIVE CONDITION



PHOTO 2

BRICK PLANTER BOX HOLDS SOIL ABOVE BRICK LINE BY BUILDERS
DESIGN - CONDUCTIVE CONDITION

PHOTO 3
BLANK

PHOTO 4
BLANK

PHOTO 5
BLANK

PHOTO 6
BLANK