

ARIZONA STRUCTURAL PEST CONTROL COMMISSION WOOD-DESTROYING INSECT INSPECTION REPORT THIS IS NOT A FUNGI/MOLD INSPECTION REPORT	A. VA/HUD/FHA CASE NUMBER	2. DATE OF INSPECTION 7/17/2007
	1B. <input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT	1D. WDIIR # 56754767657
	1C. PURPOSE OF REPORT <input checked="" type="checkbox"/> Sale <input type="checkbox"/> Refinancing <input type="checkbox"/> Other	1E. TARF #

IT IS NOT ALWAYS POSSIBLE TO DETECT EVIDENCE OF WOOD-DESTROYING INSECT INFESTATION. READ THIS INSPECTION REPORT IN ITS ENTIRETY

READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

- The VA case number or HUD/FHA case number shall be inserted in Item 1 by the lender or pest control company.
- When treatment is indicated in Item 8C, the insects treated will be named and the date, an application method and chemicals shall be entered in Item 10. Proper control measures may include issue of warranty. Warranty information should also be entered in item 10. Proper control measures are those which follow acceptable industry practices.
- If visible evidence is found, wood-destroying insects causing such evidence will be listed in Item 8A and visible damage resulting from such infestation will be noted in Item 8D.
- Areas that were inaccessible or obstructed (Item 7) may include, but are not limited to, wall coverings, fixed ceilings, floor coverings and furniture or stored articles. In Item 7, the inspector should list those obstructions or areas which inhibited the inspection.
- Item 8A alone is checked when evidence/insects are found but no control measures are performed. Items 8A and 8C are checked when evidence/insects are found AND control measures are performed.
- Visible evidence of conditions conducive to infestation from subterranean termites shall be reported on the second page of this form (earth-wood contact, faulty grades, insufficient ventilation, etc.).
- Any supplemental reports must be done within 30 days of the original report.

3A. NAME OF INSPECTION COMPANY ABC Pest Group	5A. NAME OF PROPERTY OWNER/SELLER Rusty Jordan
3B. ADDRESS OF INSPECTION COMPANY (Include ZIP Code) PO Box 2831 Phoenix AZ 85040	5B. ADDRESS OF PROPERTY (Street, City, ZIP) 9830 Cornell Avenue Phoenix AZ 85040
3C. TELEPHONE NUMBER (Include Area Code) (999) 555-0000	4. BUSINESS LICENSE # 1234567890
5C. STRUCTURE(S) INSPECTED House with attached garage	
6B. STRUCTURES NOT INSPECTED Frame Utility Building	

7-10 FINDINGS

7. THIS INSPECTION DOES NOT INCLUDE THE FOLLOWING LISTED AREAS WHICH ARE OBSTRUCTED OR INACCESSIBLE. (See also Item 19, page 2)
Attic, crawl & garage

8. BASED ON CAREFUL VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY (See Item 11A before completing):

A. Visible evidence of wood-destroying insects was observed
Evidence observed: _____
Insects observed: **Subterranean Termites & Powderpost Beetles**

B. No visible evidence of infestation from wood-destroying insects was observed.

C. Visible evidence of infestation as noted in 8A. Proper control measures were performed on (date): **7/5/2006**

D. Visible damage due to Subterranean Termites was observed in the following areas: _____

E. Visible evidence of previous treatment was observed. List evidence. (See also Item 20, page 2.): _____

9. DAMAGE OBSERVED ABOVE, IF ANY (Check One) <input type="checkbox"/> A. Will be/has been corrected by this company <input type="checkbox"/> B. Will be corrected by another company (see attached contract). <input type="checkbox"/> C. Will not be corrected by the company. Recommend that damage be evaluated by qualified building expert and that needed repairs be made. <input type="checkbox"/> D. Will not be corrected by this company.	10. ADDITIONAL COMMENTS (ALSO SEE PAGE 2.) Attachments <u>2</u> pages(s)
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11. STATEMENT OF INSPECTOR


A. The inspection covered the readily accessible areas of the above listed structure(s), including attics and crawl spaces which permit entry. Special attention was given to those areas which experience has shown to be particularly susceptible to attack by wood destroying insects. Non-destructive probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed.

B. The inspection did not include areas which were obstructed or inaccessible at the time of the inspection (See instruction number 4 and item 7 above.)

C. THIS IS NOT A STRUCTURAL DAMAGE REPORT. NEITHER IS THIS A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING ORGANISMS.

D. 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.

E. There is always important information on the second page of this form.

12.A. SIGNATURE OF INSPECTOR 	12B. INSPECTOR'S LICENSE NUMBER 123456	12C. DATE 6/14/2006
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13-14 STATEMENT OF PURCHASER

I HAVE RECEIVED THE ORIGINAL OR A LEGIBLE COPY OF THIS FORM, I HAVE READ PAGE TWO OF THIS FORM.

13. SIGNATURE OF PURCHASER	14. DATE
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CONDITIONS CONDUCTIVE TO INFESTATION

15. Wood to Earth Contact..... Yes No
IF YES, check appropriate conditions:
 Fence Abutting Structure Pier Posts
 Concrete Form Boards Porch Stairs
 Porch Post Trellis(es)

Comments:

16. Excessive Cellulose Debris..... Yes No
 Comments:

17. Faulty Grades..... Yes No
IF YES, check appropriate conditions:
 Slope; surface water tends to drain toward house
 Floor level at or below grade
 Wood siding or stucco at or below grade
 Joists in crawl space less than 12" above grade

Comments:

18. Excessive Moisture..... Yes No
IF YES, check appropriate conditions:
 Water Leak -- Plumbing Insufficient Ventilation -- Attic
 Water Leak -- Roof Insufficient Ventilation -- Crawl
 Water Leak -- Crawl Space Dry Rot Present

Comments:

19. INACCESSIBLE AREAS

AREA	REASON
<input checked="" type="checkbox"/> Attic -- All	All attic comments go here
<input type="checkbox"/> Attic -- Joists	Attic Joists comments go here
<input type="checkbox"/> Attic -- Partial	
<input type="checkbox"/> Plumbing Traps(s)	
<input type="checkbox"/> Floors	Floors
<input type="checkbox"/> Wall Interiors	
<input type="checkbox"/> Enclosed Stairwell	Stairwell
<input type="checkbox"/> Dropped Ceilings	
<input type="checkbox"/> Sub Area -- Clearance	
<input type="checkbox"/> Sub Area -- Access	
<input type="checkbox"/> Other (Specify where and why):	

Areas obstructed by furniture and/or stored articles:

Comments:

20. EVIDENCE OF PREVIOUS TREATMENT

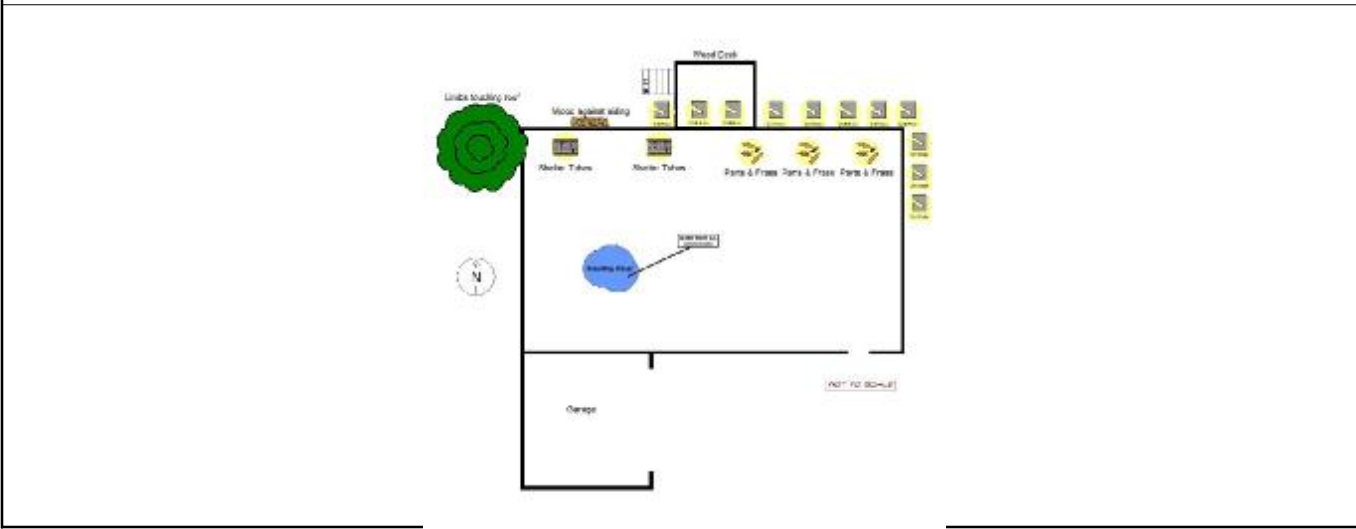
BY ANOTHER COMPANY: While evidence of previous treatment does exist, it is impossible for the inspecting company to ascertain if such treatment was properly performed. Further investigation is left to the Buyer's discretion to determine if such treatment was done properly and if a valid warranty exists against the target pest of such treatment.

BY THE INSPECTING COMPANY: Previous treatment is recorded for this property. At the Buyer's discretion, treatment records can be viewed at the inspecting company's local office with the property owner's permission.

Account Number: _____ Date of Initial Treatment: 6/14/2006
 Target Pest: _____ Warranty Expiration Date: 6/15/2007
 OTHER: _____

YES CODE SEE DIAGRAM BELOW	YES CODE SEE DIAGRAM BELOW	YES CODE SEE DIAGRAM BELOW	YES CODE SEE DIAGRAM BELOW
<input type="checkbox"/> S - Subterranean Termites	<input type="checkbox"/> B- Beetles, Other Wood Pests	<input type="checkbox"/> Z - Dampwood Termites	<input type="checkbox"/> EM - Excessive Moisture
<input type="checkbox"/> K - Drywood Termites	<input type="checkbox"/> FG - Faulty Grade Levels	<input type="checkbox"/> PL - Plumbing Leaks	<input type="checkbox"/> IA - Inaccessible Areas
<input type="checkbox"/> DR - Dry Rot	<input type="checkbox"/> EC - Earth - Wood Contacts	<input type="checkbox"/> CD - Cellulose Debris	<input type="checkbox"/> FI - Further Inspection Recom.

ADDITIONAL INFORMATION ABOUT TERMITE TREATMENTS AND/OR INSPECTIONS OF THIS PROPERTY MAY BE AVAILABLE FROM THE ARIZONA STRUCTURAL PEST CONTROL COMMISSION (SPCC) 602.255.3664



Wood Destroying Organism Inspection Addendum

Inspector's Name:

Sam Eagleye

Date

7/17/2007

Property Address:

9830 Cornell Avenue

Structure(s) Inspected:

House with attached garage

RECOMMENDATION: Owner/Agent should engage services of a licensed contractor to remove visible surface fungus and loose stucco. The area(s) currently concealed will be inspected for a fee if made accessible by the owner/agent at his/her expense. A supplemental report will be filed at such time. No opinion is rendered concerning the condition at this time. Owner/Agent responsible for replacing stucco with new material.

RECOMMENDATION: Owner/Agent should engage the services of a licensed contractor to install a seal (according to applicable building s) at the back of the planter box to correct the faulty grade level. Engage the services of a registered pest control company to treat for the control of wood boring beetles.

RECOMMENDATION: Owner/Agent should engage the services of a licensed contractor to install a seal (according to applicable building s) at the back of the planter box to correct the faulty grade level. Engage the services of a registered pest control company to treat for the control of wood boring beetles.

INSPECTION PHOTOS



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4



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INSPECTION PHOTOS



#7