



SE HOUSTON TPCL 683951  
 100 E NASA PKWY STE 409  
 WEBSTER, TX 77598-5345  
 2817242614

Contract #: 76247-120219171426-9521

Inspection Date: 12/02/2019

Inspector: CART, THOMAS

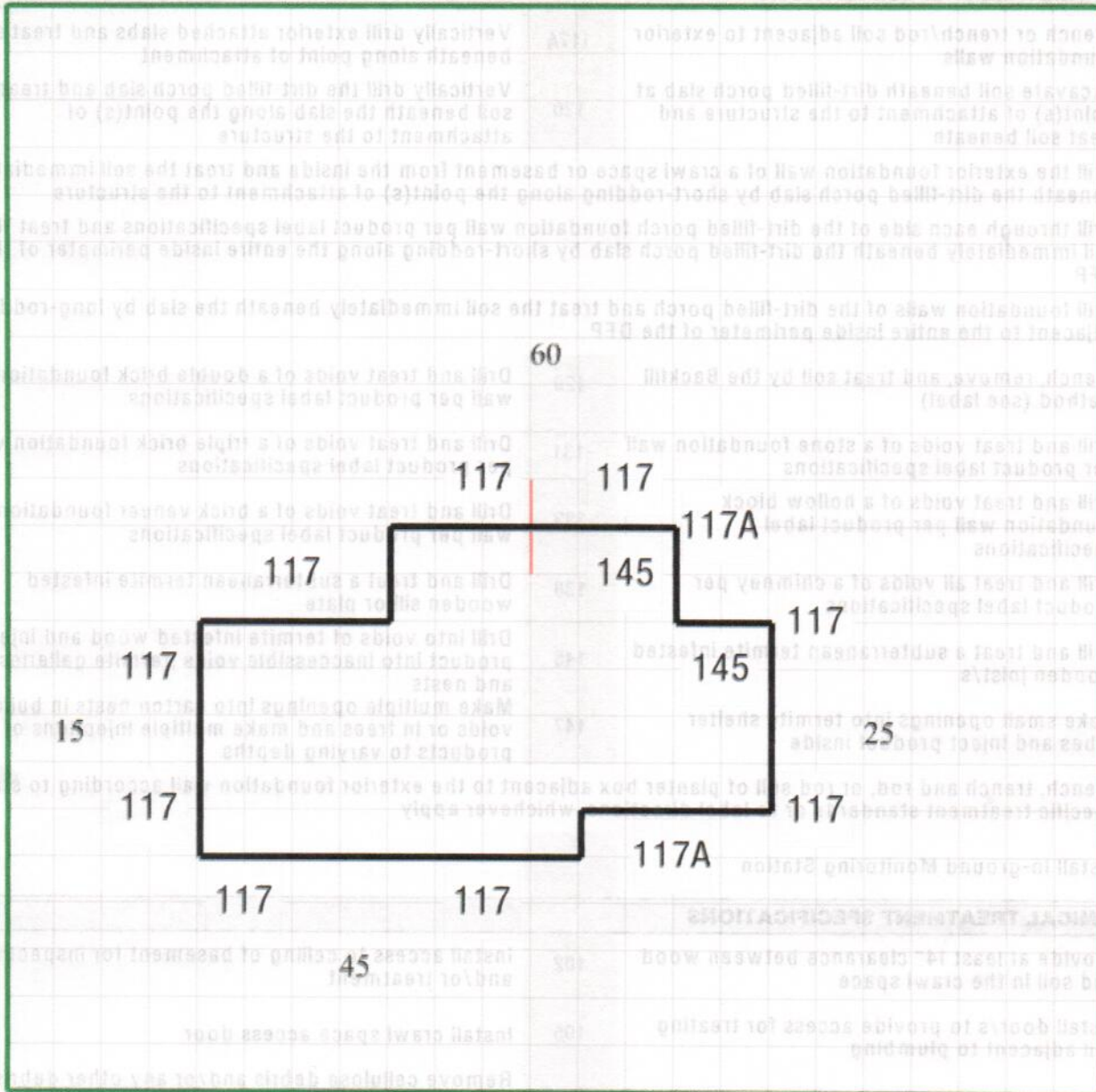
Homeowner Name: ROBERT SMILEY  
 Address: 3237 TEXAS AVENUE  
 City State Zip: TEXAS CITY, TX, 77590-8031  
 Home Phone: 2819245570  
 Work Phone:

# Ultimate Protection Home Pest Inspection

Please pay special attention to findings and comments below as these may indicate conditions that can lead to termite and pest problems.

EXTERIOR INSPECTION			
PROPERTY DETAILS			
Linear Feet:	<u>140</u>	Built Pre 1985:	<input checked="" type="checkbox"/>
# of Stories:	<u>1</u>	Roof Type:	<u>Shingle Roof</u>
Construction Type:	<u>Monolithic Slab</u>	Siding:	<u>Wood</u>
Square Footage:	<u>1200</u>	Lot Size:	_____
Cubic Feet:	_____	Eave Height:	_____
Primary Use:		<u>Single Family Dwelling</u>	
Foundation Type:		<u>Concrete</u>	
Industry Type:		_____	
# of Gas Meters:		_____	
Peak Height:		_____	
PROPERTY HAS A:			
Cistern:	<input type="checkbox"/>	French Drain:	<input type="checkbox"/>
Visible Pond, Lake, Stream, or Waterway:	<input type="checkbox"/>	Sprinkler System Present:	<input type="checkbox"/>
Exterior Slab (False Porch) Over Basement Area:	<input type="checkbox"/>	Gas Meter Have 3' Clearance:	<input checked="" type="checkbox"/>
Well:		<input type="checkbox"/>	
CONDUCTIVE CONDITIONS			
Indications of pests, rodents, termites, wildlife, or other wood-destroying pests?	<input checked="" type="checkbox"/>	Live Subterranean Termites Found?	<input checked="" type="checkbox"/>
Damage Found?	<input type="checkbox"/>	Trees/shrubs on or against home?	<input type="checkbox"/>
Conditions on or around foundation conducive to termite attack?	<input checked="" type="checkbox"/>	Foundation slab/wall visible?	<input checked="" type="checkbox"/>
Conditions allowing water to collect around structure?	<input checked="" type="checkbox"/>	Openings large enough for pest/rodent/wildlife entry?	<input checked="" type="checkbox"/>
Gutters and downspouts clear of debris and standing water?	<input type="checkbox"/>	Siding Less Than 6" From Grade:	<input type="checkbox"/>
Styrofoam Insulation or "DRI-VIT" Below Grade?	<input type="checkbox"/>	Wood embedded in concrete?	<input type="checkbox"/>
Breeding Sites:			

## FLOOR PLAN LEGEND



Scale 1:1

This graph is a record of a visual, non-destructive inspection by Terminix of certain readily accessible areas of the identified property for visible termite infestation/damage. Terminix is not responsible for repairs to damages disclosed above. In addition, hidden damage may exist in concealed, obstructed or inaccessible areas. No attempt to remove siding, plastic or sheetrock insulation, carpeting, paneling, etc. to search for hidden damage was made. Terminix cannot guarantee that the damage disclosed by visual inspection of the premises shown above represents the entirety of the damage which may exist as of the date of the initial control application. Terminix shall not be responsible for repair of any existing damage including without limitation, any damage which existed in areas or in structural members which were not accessible for visual inspection as of the date of this graph.



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## FLOOR PLAN LEGEND

### BASEMENT TREATMENT SPECIFICATIONS

122	Vertically drill basement concrete slab floor and treat the soil beneath	144	Drill and treat basement door frames
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### CRAWL SPACE TREATMENT SPECIFICATIONS

114	Trench or trench/rod soil adjacent to the inside of the foundation walls of a crawl space	115	Trench or trench and rod soil adjacent to the piers of a crawl space
116	Trench or trench and rod soil adjacent to soil pipes of a crawl space	119	Trench or trench and rod soil adjacent to a chimney of a crawl space

### EXCLUSION/WILDLIFE TREATMENT SPECIFICATIONS

900	Trap - Wildlife	901	Install Mushroom/Turbine Vent Cage - Roof
902	Seal Mushroom/Termite Vent - In Attic	903	Install Plumbing Vent Cap - Roof
904	Screen Gable Vent	905	Screen Foundation Vent
906	Screen Soffit Vent	907	Repair Roof Return
908	Seal Pipe Penetration	909	Seal Hole In Wall/Foundation, Floor, Etc.
910	Install One-Way Door Exclusion Cage	911	Install Garage Door Seal
912	Install Dryer Vent Cover - Wall	913	Install Oven Vent Cover - Wall
914	Install Oven Vent Cage - Roof	915	Install Chimney Cap

### PRE-CONSTRUCTION TREATMENT SPECIFICATIONS

171	Vertical treatment zone - trench or trench and rod soil adjacent to pillars and other interior foundation elements such as chimneys and soil pipes	172	Vertical treatment zone - trench or trench/rod soil adjacent to utility pipes, plumbing lines, and conduits that will penetrate through the slab (1 gallon/sqft)
173	Horizontal treatment zone - make a horizontal treatment to the entire surface area of soil or substrate to be covered beneath the concrete slab	174	Vertical treatment zone - upon completion of grading along the outside of the exterior foundation wall, treat the backfill by trenching or trenching/rodding the soil adjacent to the exterior foundation wall

### SLAB TREATMENT SPECIFICATIONS

122A	Drill the slab per product label specifications along the expansion joint where two slabs meet and treat soil underneath	123	Treat soil adjacent to plumbing penetrations
123A	Drill the slab along one side of the partition wall per product label specifications and treat the soil beneath	123AA	Drill the slab along both sides of a load-bearing wall per product label specifications and treat the soil beneath
124	Drill through the exterior foundation wall immediately below the slab per product label specifications and treat the soil beneath by short-rodding from the outside	126	Vertically drill the slab along the inside perimeter of the foundation walls and treat the soil beneath the slab

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 STATE-SPECIFIC DISCLOSURE: FOR TEXAS RESIDENTS: Licensed and regulated by Texas Department of Agriculture, Structural Pest Control Board, P.O. Box 12747, Austin, TX 78711-2747. Phone: 1-800-818-4451. Fax: 1-512-382-2285.  
 In the event you have any questions or complaints, you may contact a Terminix representative by calling 1-800-TERMINIX (1-800-868-6697).

# TERMINIX

## Subterranean Termite Post-Construction Treatment Disclosure for Each Estimate

When an estimate or proposal for termite treatment is submitted to a consumer, the pest control company must provide the following written disclosure information: For all treatments, there will be a diagram showing exactly what will be treated. Treatment specifications and warranties for those treatments may vary widely. Review the pesticide label provided to you for minimum treatment specification. If you have any questions, contact the pest control company or the Texas Department of Agriculture, P.O. Box 12847, Austin, Texas 78711-2847. Telephone number 866-918-4481 or Fax: 888-232-2567. Documentation shall also include but is not limited to approximate perimeter measurement of the structure, areas of active or previous termite activity, the concentration of any liquid termiticide application to be used or the minimum number of baiting systems installed or the square footage if a barrier is installed. The consumer is advised to review all this information and the pesticide label for explanations of the proposed treatment and compare this with any other proposal or estimate they may receive.

### DEFINITIONS OF TREATMENT

A subterranean termite treatment may be a partial treatment or a spot treatment using termiticide, approved physical barriers or a baiting system. These types of treatments are defined as follows:

#### PARTIAL TREATMENT

This technique allows a wide variety of treatment strategies but is more involved than a spot treatment. (See definition below.) E.g., treatment of some or all of the perimeter, bath traps, expansion joints, stress cracks, portions of framing, walls and bait locations.

Pier and Beam: Generally defined as the treatment of the outer perimeter, including porches, patios and treatment of the attached garage. In the crawl space, treatment would include any soil to structure contacts as well as removal of any wood debris on the ground.

Slab Construction: Generally defined as treatment of the perimeter and all known slab penetrations as well as any known expansion joints or stress cracks.

#### SPOT TREATMENT

Any treatment which concerns a limited, defined area less than ten (10) linear or square feet that is intended to protect a specific location or "spot." Often, there are adjacent areas susceptible to termite infestation, which are not treated.

#### BAITING SYSTEM

This type of treatment may include interior and/or perimeter placement of monitoring or baiting systems along with routine inspection intervals. The baiting technique may include one or more baiting locations as prescribed by the product label and instructions.

#### BARRIERS

If a physical device is used, the square footage of the physical device must be recorded and a diagram describing the installation will be provided.

WARRANTY information provided includes the complete details any warranty provided and the following:

- Time Period of the Warranty
- Renewal Options and Cost
- Obligations of the Contracting Parties
- Conditions that could develop which would void the warranty
- Name of the pest control company responsible for the warranty.

If the warranty does not include the entire structure treated, the areas included in the warranty are: (specify)

Detached Garage

A copy of the consumer information sheet has been made available to the appropriate party.

### ADDITIONAL INFORMATION

In addition to the information listed above the following information must also be included on the diagram: known wood-destroying insect activity, conducive conditions, type of construction, construction details and any other information about construction relevant to the treatment proposal.

A label(s) of Termidor Dry 0.5%, Termidor Foam .005%, Termidor SC 0.09% is enclosed.

The concentration of any chemical to be applied at this location is Termidor Dry 0.5%, Termidor Foam .005%, Termidor SC 0.09%

Estimated minimum number of termite bait stations to be installed at this location is

Areas of present termite activity: See Graph

(Use the following symbols on the diagram of the structure: E - Evidence; A - Active; P - Previous; S - Subterranean Termite; F - Formosan Termite; C - Conducive Conditions)

Areas to be treated, drilled, rodded, trenched or baited: See Graph

(Example: Use an "X" for drilled, "O" for trenched, "R" for rodded, "BS" for bait stations and "BT" for barrier)

Type of construction, type of treatment (check all that apply):

Type of treatment:  Partial  Spot  Baits  Physical Barrier (Refer to Definition of Treatment)  Other (specify)

Type of construction:  Pier & Beam  Slab  Other (specify)

Approximate measurements of the structure(s) to be treated: 140



Signature of Certified Applicator or Technician Completing Estimate

Printed Name CART, THOMAS

Date 12/02/2019

\*This form includes the minimum requirements and information. It may also include or be revised to include a company logo and additional information.

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Texas Department of Agriculture  
P.O. Box 12847, Austin, Texas 78711-2847  
Phone 866-918-4481, Fax 888-232-2567



### Summary of Charges

Initial Term	Product	Renewals	Amount	Tax	Discount	Total Amount
	Liquid Defend		\$700.00	\$49.50	\$100.00	\$649.50
<b>Grand Total:</b>						\$649.5


Product	Merchandise	Quantity
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### Purchaser Payments

By signing below, I, the cardholder, have authorized Terminix to process this one-time payment without further signature or authorization from me.

Visa ending in 4519 exp. 0723 Hold Payment      \$649.50      Liquid Defend

### Authorization



Purchaser Name: ROBERT SMILEY      Purchaser (Signature): \_\_\_\_\_      Date: 12/02/2019

**AUTOPAY:** Purchaser authorizes Terminix to automatically debit Purchaser's checking account or credit card, as indicated below, in an amount equal to any recurring service charges due to Terminix under this Agreement within five (5) days of the date such charge becomes due. This authorization will remain in effect until the fifth business day following Terminix's receipt from Purchaser of a written notice to cancel such authorization. Purchaser understands that cancellation of this authorization does not cancel Purchaser's obligations under this Agreement.

### Authorization

Purchaser Name: ROBERT SMILEY      Purchaser (Signature): \_\_\_\_\_      Date: 12/02/2019